



According to legend, a president of the United States visited NASA in the '60s and was struck by a janitor's intense focus on mopping the floor. "What are you doing?" asked the president. "Helping to put a man on the moon" was the proud reply.

This story has never been confirmed. However, it has been retold for over half a century because it captures the ideal of an organization where everyone from the highest- to the lowest-ranking employee has a sense of mission.

Before 2010, Des Moines University would have been an unlikely setting for such a story. While faculty and programs were committed to excellence, the planning process was generally top-down rather than inclusive; communication about our mission and vision was limited; each college's goals and priorities were developed in isolation rather than aligned with DMU's overall mission.

In 2010, senior leaders began working with Michael Hovda of InsideOut Leadership to develop a more inclusive strategic planning process. As the 2010–2012 University Strategic Plan was developed, we recognized the need to better communicate our mission, vision, and values, and to develop a culture of accountability.

Criterion One

Mission and integrity

We operate with integrity to ensure the fulfillment of our mission through structures and processes that involve the Board, administration, faculty, staff, and students.

CORE COMPONENT 1A

Our mission documents are clear and articulate publicly our commitments.

Des Moines University's mission documents provide an accurate view of our purpose, our values and our expectations of the entire DMU community.

Mission documents

When the Des Moines University Board of Trustees approved the 2010–2012 Strategic Plan in May 2010, they reaffirmed the mission, vision and values statements below. These core mission documents are being reviewed as part of the new strategic planning process begun by President Franklin in July 2011.

Mission

The University will develop distinctive health professionals committed to health promotion, the discovery of knowledge, and service to the community.

Vision

The University will improve the health of society through its distinctive health professions graduates, focus on health promotion, discovery of knowledge, empowerment of individual responsibility for health, and direct service to the community.

Values

Excellence—Pursue continuous improvement so that outcomes surpass peer performance.

Leadership—Create a vision that ensures progress and accountability while fostering engagement and integrity.

Collaboration—Foster an environment that supports teamwork among internal stakeholders and collaborative partnerships among external stakeholders.

Stewardship—Exercise responsible use of resources.

Professionalism—Engage in interpersonal behavior that demonstrates trustworthiness, honesty, mutual respect and ethical practice.

Humanism—Acknowledge the inherent value of each person through equitable and inclusive treatment of all.

Social Responsibility—Promote community service, wellness, and improvement to public health.

Learning—Promote high performance in all educational practices, foster inquiry, and encourage life-long learning.

The mission statement, vision statement and core values of Des Moines University appear in institutional and college-based documents, including the University Strategic Plan and board books submitted to members of the Board of Trustees prior to quarterly board meetings. They are distributed and communicated to new Board members and new employees as part of the orientation process. Mission documents also appear on web-based forums such as the University portal and public website. While they are readily

available online and in publications, they are not visible around our physical facilities.

Our core mission documents are reviewed by the Strategic Planning Team at least every three years. The committee may recommend changes to the documents. Modifications must be approved by the Board of Trustees.

Sense of mission

Des Moines University has a clear sense of its identity and mission. Our Articles of Incorporation, University Bylaws and Determination Letter identify DMU as a non-profit graduate health science institution with tax-exempt status. These documents give the University a distinctive identity as an institution committed to educating health professionals.

Des Moines University is continually finding new ways to carry out our mission. We have become a leader in health promotion through unique programs designed to improve the overall health of the University community and external constituencies. The Wellness department's initiatives and outcomes have received national recognition (see Core Component 5a). DMU students, faculty and staff serve the health needs of the Des Moines community through service activities that include special lecture forums on disease prevention and wellness, the Mini Medical School program, Senior Health Fair, Mobile Clinic, Osteopathic Finish Line and school-age student sports history and physicals. We are also recruiting and training primary health care providers to serve in rural areas.

Research has become a priority since the Higher Learning Commission visit in 2001. The Office of Research provides a summary of events and development of the research enterprise at Des Moines University. For more information on research initiatives and opportunities, see Core Component 4b.

Our mission documents express our commitment to maintain high academic standards, advance excellence in higher learning and achieve broad goals for learning. The University's mission is to develop distinctive health professionals committed to health promotion and the discovery of knowledge. Our values include "Excellence—Pursue continuous improvement so that outcomes surpass peer performance" and "Learning—Promote high performance in all educational practices, foster inquiry, and encourage life-long learning."

All clinical programs have a long track record of national board exam results exceeding the national mean. Residency placement for both osteopathic and podiatric students has been equally exceptional, with students typically receiving their first or second choice in residency programs and osteopathic medical students their choice of specialty.

For the past several years, Student Services has conducted an online Graduate Satisfaction Survey of students enrolled in the on-campus clinical programs. The survey is administered before students return to campus for commencement activities. Questions address satisfaction in four main categories: academic support services, administrative services, student support services and quality of education.

Our benchmark for student satisfaction surveys is 80 percent *Good to Excellent* responses. Areas falling below the benchmark are to be evaluated with appropriate interventions designed to improve the services provided or the quality of education.

The results of the 2007–2009 Quality of Education Experiences component of the Graduate and Second Year surveys for the D.O., D.P.M., D.P.T. and PA programs consistently achieve the 80 percent benchmark. Results in all clinical programs over the three-year period trend in a positive direction. These results are discussed more fully under Core Components 2a, 3c and 3d.



Bryon Laycock, in the white lab coat, works with faculty member Paul Kimberly, D.O.'40, during an osteopathic technique lab. On the far right, standing, is Harold Dresser, D.O., also a faculty member. (DMU Archives photo, circa 1951–1952.)

Mission documents, review and strategic planning

Prior to the 2010–2012 strategic planning process, the procedure for approval of the mission and vision statements and the University's strategic plan was top-down rather than inclusive.

The vice president for planning was responsible for strategic planning. Once finalized by the vice president, the University's plan would go to the president for approval. The plan was then distributed to the President's Cabinet for informational purposes and to the Board of Trustees for approval. The process did not encourage meaningful dialogue with members of the President's Cabinet or the Trustees.

An even greater concern was the monitoring and oversight process. It was not uncommon for individuals across the campus to learn that they held leadership responsibility for a strategy or objective only when they were asked for a progress report. Reports to the Board of Trustees by

the vice president for planning did not always accurately reflect actual progress on the plan objectives. Frustration with the strategic planning process was consistent across the University community.

As we developed our most recent strategic plan, the feeling across the campus was that previous plans were not fully integrated into University culture, and lack of communication about progress brought less than optimal results. These deficiencies made it difficult for us to work together to achieve our mission and vision.

In the spring of 2010, the University began a new strategic planning process that invited participation from across the entire internal community and external communities of interest. As described in the Introduction, all Board members, employees and students were asked for suggestions and feedback concerning the mission. The suggestions made will be considered for future revisions of the mission statement. During this comprehensive planning process, minor edits to the existing mission documents were suggested. However, the mission statement, vision statement and core values of the University were reaffirmed.

RECOMMENDATIONS FOR CORE COMPONENT 1A:

Our mission documents are clear and articulate publicly our commitment.

The 2010 strategic planning process was designed to engage our community in identifying key goals and aligning those goals with University-level plans. The process is now more transparent because progress on plan objectives is reported and quality is monitored through surveys. This improved planning process will make it easier to align our efforts and see progress toward achieving our mission and vision.

Feedback during the planning process showed strong agreement with the mission across our community. However, we discovered overlap

between our mission and vision statements. Also, while the mission is generally understood and supported, we need to promote a greater understanding of how specifics of the mission connect with our individual work.

We recommend that these steps be taken during the next strategic planning cycle:

- Revise the mission and vision statements. The vision statement should answer the question *Where are we going?* The mission statement should answer *Why we are going there?*
- Continue to provide frequent updates on progress toward strategic planning goals to the University community.
- Conduct follow-up surveys to monitor opinion of the University community on alignment of goals with mission, views of senior leadership and mission-based achievement of objectives in strategic plans.

CORE COMPONENT 1B

In our mission documents, we recognize the diversity of our learners, other constituencies, and the greater society we serve.

Our location in the middle of Iowa presents challenges to developing an ethnically diverse community, but Des Moines University continues to enhance diversity and inclusiveness through its programs and initiatives. We recognize the value and importance of having a workforce and student body with varied backgrounds and experiences to support teaching and learning. Furthermore, we consider it an educational imperative that DMU's students are prepared to serve the needs of all segments of society and to address disparities in the availability of health care services.

Our first policy on diversity appeared in the 1899 catalogue for Still College: "Women are admitted on the same terms as men" with "the same opportunities" and "the same requirements"



The class of 1905 was the first to graduate from the reorganized Still College of Osteopathy, which offered a third optional year of medical training.

while pursuing “the same studies” with identical lectures, rules, and examinations.

From 1898 to the present, DMU has sought to provide care to under-served populations (as discussed under Criterion Five). Our core value of Humanism recognizes the inherent value of each person through equitable and inclusive treatment of all. This value was made more explicit in the 2011 revision of the Professional Integrity Code, which identifies inclusiveness as one of the basic tenets of integrity:

Inclusiveness—I pledge to support a culture of inclusiveness, respect and understanding of all members of the academic and health care communities. I realize that a diverse and inclusive educational community impacts my ability to serve the health care needs of an increasingly diverse society when I am a practicing professional. Furthermore, I accept my ethical responsibility to work to eliminate health disparities and to contribute to improved medical outcomes for disadvantaged populations. I will not discriminate, nor will I tolerate discrimination, on any basis, but rather, I will strive to promote understanding and acceptance.

Attracting a diverse student body and workforce has proven to be a greater challenge. As we gathered information for the 2010–2012 strategic plan, questions and comments from employees and students indicated a clear desire for a more diverse DMU community. More recently, the campus was engaged in a discussion regarding GLBT issues that brought into sharp focus the need for compassionate dialogue on diversity and inclusiveness. Our challenge now is to develop a diversity plan that defines the framework to achieve the ideals, practices and educational priorities necessary to educate health care professionals for the global challenges of the next decades.

Definition of diversity

Our definition of diversity has expanded far beyond the gender equality practiced in 1898:

DMU defines diversity as a campus environment shaped by individuals and groups that offer a broad spectrum of cultural differences, life experiences, and distinct characteristics they bring to our institution. These include, but are not limited to, educational background and performance, gender, race, ethnicity, age, socio-economic background, leadership qualities, employment experiences, talents, geographical background and other attributes that affirm the University’s commitment to creating an inclusive environment.

This definition is included in admissions publications; documents on the University website; various faculty and staff policies, including Accommodations of Disability in Employment and Discrimination and Harassment Policy; and student handbooks.

Promotion of diversity

Diversity is more comprehensively addressed in the departmental strategic plans, in the Clinic plan, in academic program plans and in annual enrollment plans:

- The DMU Clinic has established a goal “to remain sensitive [to] and appreciative of patients’ values, beliefs, ethnic, cultural, psychosocial, spiritual and lifestyle diversities.”
- The Public Health program’s application for CEPH accreditation states, “It is the goal of the University to cultivate a campus climate that promotes the ideals of human dignity, civility, and mutual appreciation for the uniqueness of each member of the school’s community.

Diversity is an essential value at DMU because it encourages learning and dialogue among people with different backgrounds, abilities and perspectives. The University’s commitment to diversity better enables it to prepare members of its community for productive citizenship.”

- The strategic plan for the College of Osteopathic Medicine includes the value of “Diversity: Being respectful of and, in fact, celebrating differences in personality, work style, religion, race, ethnicity, gender, sexual orientation, disability, socio-economic level, educational attainment and general work experience, knowing that collective differences enhance College culture.”
- Enrollment plans specific to individual academic programs call for the recruitment of a diverse pool of applicants.

Within the campus environment, Student Services actively promotes diversity and inclusiveness through the extracurricular activities of student organizations and scholarships defined by donors. Student clubs include the Jewish Medical Student Association, the Muslim Student Association, the International Medicine Club, the Women’s Medical Alliance, the Student National Medical Association (dedicated to minority students), and the Gay Straight Alliance, which is working to establish gay, lesbian and transgender “Safe Zone” designations throughout the campus. Scholarships include the Glanton scholarship, which provides access to medical and health sciences education for minority students, and the Dorgan Scholarship, which is restricted to African American students.

Educational Support Services (ESS) promotes programming to increase understanding and appreciation of diverse cultures, attempting to reduce prejudice, educate, and promote social justice. This office also helps students interpret policies and regulations regarding visas and other immigration-related documents.

Activities organized by ESS to develop awareness include cultural celebrations such as Diwali, the Hindu Festival of Lights, and a Central Iowa Powwow hosted in recognition of American Indian Heritage Month. Martin Luther King, Jr. Day has been celebrated on campus for the past 12 years, and the 2011 celebration featured Drs. Michael Grey and Michele Devlin from the Iowa Center for Health Disparities at the University of Northern Iowa (UNI). They delivered a presentation on the changing cultural demographics of Iowa and the nation and also offered a faculty workshop on cultural competence in health care.

ESS also offered several diversity activities to facilitate cultural understanding, awareness and competence, including these examples:

- Panel discussions on religious and cultural diversity
- An Oxfam Hunger Banquet in which more than 100 students participated
- Speakers on white privilege and the injustice of medical experimentation on minorities
- Reflections of a Holocaust survivor and a report from the Des Moines Public Library on its collection of Holocaust survivors' testimonies
- Speakers on gay, lesbian and transgender issues

To support diversity as a campus-wide priority, other departments contributed to our diversity initiatives:

DMU's Library hosted several displays, including *Against the Odds: Making a Difference in Global Health*; *Binding Wounds, Pushing Boundaries: African Americans in Civil War Medicine*; and *Opening Doors: Contemporary African American Surgeons*. These traveling historical displays were organized through the National Library of Medicine.

Global Health has partnered with the Heartland Global Health Consortium to sponsor an annual conference exploring health issues.

In addition to on-campus events that increase our appreciation for diverse cultures and social issues, our community outreach programs offer numerous opportunities to foster a sense of multiculturalism within the student body and throughout the wider community. Students, faculty and staff have the opportunity to work with groups ranging from grade-school students to senior citizens, from native-born Americans to citizens of foreign countries, and from the homeless to the privileged through involvement in the DMU Sports and Physical Fair, Senior Health Fair, Homeless Camp Outreach, Habitat for Humanity, DMU Mobile Clinic, Medical Explorers' Post, multicultural fairs, and other outreach efforts.

Other initiatives take students and faculty farther away from the boundaries of our campus to impact the availability of health care to the under-served in Iowa and international locations:



Gilbert Sangadi and Juliet Babirye, fifth-year medical students from Uganda, learn about the emergency medicine practiced by Thomas Benzoni, D.O. '83. In 2009, DMU and Makerere University launched a partnership to give students from both schools medical experiences in their respective countries. The exchange students got their first exposure to osteopathic manual medicine at the DMU Clinic. "We don't have that in Uganda," Sangadi says. "What I've learned here will give me an additional way of doing things and caring for patients."

- **Health care pipeline**—DMU's Area Health Education Center (AHEC) recruits and trains a health professions workforce committed to the under-served. With classes that address cultural competency, health literacy and the unique issues affecting under-served areas, the AHEC strives to improve access to quality health care in Iowa's rural communities. Providing health care to the rural poor assumes increasing importance as the National Rural Economic Developers Association (NREDA) reports that the rate of poverty has been increasing faster in rural areas than in metropolitan areas since 2003.
- **Medical service trips**—DMU's Global Health program provides students with valuable international experiences in health care. Each year, selected students complete rotations or service trips to international locations that provide a wide range of cultural, social, political and clinical experiences much different from those encountered in the United States. Students report the need to rely on their diagnostic skills to a much greater extent as access to medical care is often limited in developing countries. Also, the health conditions are often the result of malnutrition and unsanitary living conditions. Countries visited include Haiti, Guatemala, Uganda, Honduras and Belize.
- **Research internships**—Through the Global Health department, DMU students secured six World Health Organization (WHO) internships over the past two years, providing valuable experiences with world cultures and health disparities. Nationally, more than 12,000 students apply for 200 WHO internships each year. The Office of Research has established an internship with the Pan American Health Organization (PAHO). Students have opportunities to conduct systematic reviews or create evidence-based educational materials for worldwide distribution.

- **International rotations**—Des Moines University has established a partnership with the University of Makerere in Uganda for the purpose of allowing student exchanges for rotation experiences. Students from Uganda rotate through the DMU Clinic and Mercy Medical Center in Des Moines. In return, DMU students rotate through the largest hospital in Uganda, as well as a small rural hospital.

Cultural competence

In addition to extracurricular efforts to expose students to multicultural programming and provide international rotations, we are exploring ways to integrate cultural competence into the curriculum. In 2006, the College of Osteopathic Medicine received a grant from the American Medical Student Association to analyze its effectiveness in preparing students to provide culturally competent care. At that time, approximately 20 percent of COM courses offered one or more sessions on cultural competency issues. Drs. Michele Yehieli (now Devlin) and Mark Grey, consultants from the Iowa Center on Health Disparities, placed DMU at the cultural *pre-competence* level (beginning to understand and respect other cultures) on the cultural competence continuum developed by Cross, Bazron, Dennis, and Issacs.¹ This model has seven levels: cultural destructiveness, cultural incapacity, cultural blindness, cultural pre-competence, cultural competence, and cultural proficiency.

Drs. Yehieli and Grey also suggested several guidelines that could be used to assess cultural competencies: the Association of American Medical Colleges (AAMC) Tool for Assessing Cultural Competence Training (TACCT), the Accreditation Council for Graduate Medical Education (ACGME), and the Medical Student Perspective. We are also studying the Liaison Committee on Medical Education (LCME) diversity standards.

Based on this information, as well as comments from students on the strategic planning and student satisfaction surveys, we recognize that cultural competency training needs to be enhanced. This is especially important because our campus does not provide the opportunity to interact informally with people from diverse backgrounds, which Guiton, Chang, and Wilkerson² have shown increases medical students' cultural competence. When informal interaction is limited, cultural competency training can have a positive effect on attitudes and skills, according to Crosson, Deng, Brazeau, Boyd and Soto-Greene.³

Challenges to diversity

Although we have taken steps to honor our pledge to respect the worth of individuals by attempting to increase the diversity of our student body and employee base, we have found challenges along the way.

We are immediately confronted with the national challenge facing medical and graduate professional schools that has been dubbed the “leaky pipeline.” That is, underrepresented

minority students tend to lose interest in medical/health careers in their undergraduate years. Moreover, many did not receive adequate preparation in high school. Factors such as lack of preparation, lack of mentors or insufficient motivation to pursue graduate level courses reduce the pool of available, qualified underrepresented minority students, which creates a smaller pipeline than desirable from an admissions standpoint.

Being a health professions school in a state with limited diversity presents its own challenges. Geographic location was the most important factor in D.O. applicants' choice of schools, according to AACOM's survey of 2010 Applicants to U.S. and Offshore Medical Schools. The Iowa/Des Moines/DMU Diversity table shows the relative lack of racial diversity in the state, as well as the county and city, in which we are located.

The student diversity statistics in the Iowa/Des Moines/DMU Diversity table, taken from DMU's 2010–2011 Fall enrollment data, show a current snapshot of the racial diversity (or lack thereof) at the University.

To address this issue, the Commitment to Diversity in Recruiting Task Force was formed in 2007. In 2008 the task force released a proposal with several initiatives aimed at attracting more minority students, including recommendations to develop a summer enrichment program, which became Health PASS, and to hire a full-time diversity coordinator. In 2010, a plan outlining specific procedures for increasing diversity of the student body was implemented. Components include extending personal invitations to students of color who are invited to interview, personal contact by the dean with minority students who are accepted for admission, a survey of students of color about their experience at DMU, and increasing scholarship funding for minority students.

A review of recruiting data shows that DMU is attracting minority students. However, few of these students decide to enroll. For example, of the 89 African American students who applied in 2008–2009, only 27 completed the application

1. Cross, T. L., Bazron, B. J., Dennis, K. W., & Issacs, M. R. (1989). *Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed*. Washington, DC: Georgetown U.

2. Guiton, G., Chang, M. J., & Wilkerson, L. (2007, October supplement). Student body diversity: Relationship to medical students' experiences and attitude. *Academic Medicine*, 82(10): S1–S4 Available at <http://gseis.ucla.edu/faculty/chang/Pubs/RIME.pdf>

3. Crosson, J. C., Deng, W., Brazeau, C., Boyd, L., & Soto-Greene M. (2004, March). Evaluating the effect of cultural competency training on medical student attitudes. *Family Medicine*, 36(3):199–203. Available at <http://www.stfm.org/fmhub/fm2004/March/Jesse199.pdf>

process. Seven were invited to interview, five interviewed, three were accepted, and only one matriculated.

One reason for the disappointing yield is that we have very limited scholarship dollars to compete for qualified minority candidates. SP Objective 6.2 calls for increasing scholarship funding by 20 percent annually. Last year, the President’s Cabinet recommended awarding fewer, but larger, scholarships to minority students to better leverage limited award dollars. Another opportunity has been created by new graduate assistantships in the Office of Research; the first assistantship was awarded in 2011 to a highly qualified minority candidate who was successfully recruited.

Another barrier is that DMU lacks what AAMC calls a “critical mass” of minority students. Critical mass varies from school to school: “It is a flexible goal that does not compromise quality and is designed to ensure that there are

more than token numbers of students from under-represented racial and ethnic groups,” according to *Assessing Medical School Admissions Policies: Implications of the U.S. Supreme Court’s Affirmative Action Decisions*.

Critical mass ensures that there is a sufficient number of minority students to impact the character of relationships with non-minority students. At DMU, the numbers of minority students simply have not been significant enough to achieve the level of discussion and interaction necessary to realize the educational benefits of diversity.

Efforts to recruit minority faculty have been more successful. In 2006, the Iowa Department of Public Health funded a grant to increase diversity at DMU by recruiting five new faculty members. The most labor-intensive recruiting strategy, face-to-face meetings with potential lecturers, was also the most effective. As a result of the targeted recruiting campaign, eight African

American and Hispanic physicians joined the staff as preceptors or lecturers.

To attract more minority job applicants, we need to cast the net wider than Des Moines and Iowa. Recently Human Resources has broadened its recruitment advertising for faculty and senior administrative positions by targeting more publications aimed at minorities and women. For instance, *Inside Higher Ed’s* diversity package was used for the presidential search. The results of that search provide strong evidence of our commitment in this area.

The level of diversity at DMU is 7.6 percent for benefit-eligible employees, which is slightly higher than the 6.1 percent level of diversity in Iowa. Figures are current as of August 2011.

Another challenge was created by the decision to delay filling the vacant diversity coordinator position. In 2008, a diversity coordinator was hired to develop programming and work with Enrollment Management on recruiting a more diverse student body. This dedicated position allowed the implementation of programs such as the Summer Health PASS program, which gives minority students a chance to experience educational opportunities at Des Moines University. The person who held the position also supported minority students as they adapted to a campus with little ethnic diversity. After the diversity coordinator left her position for personal reasons, we decided to postpone hiring a replacement until our needs and expectations for the position could be better defined. From student feedback, we understood that we had to provide a designated support system for our underrepresented minority students. However, after discussions with Dr. Daryl Smith, a nationally known diversity expert, and President Franklin, we decided to elevate the position. A job description for a director of Multicultural Affairs was developed in June 2011. The person hired for this new position will report directly to the vice president for Student Services. In addition, the job description for the

IOWA/DES MOINES/DMU DIVERSITY

	Iowa*	Polk County*	Des Moines*	DMU Students†	DMU Employees‡
White (a)	93.9%	89.1%	82.3%	77.5%	92.4%
Black (a)	2.8%	5.6%	8.1%	1.3%	2.8%
American Indian and Alaska Native (a)	0.4%	0.5%	0.4%	Z	0
Asian	1.7%	4.1%	3.5%	8.5%	1.9%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	Z	Z	Z
Two or more races	1.1%	1.5%	2.2%	1.6%	Z
Hispanic or Latino	4.5%	7.0%	6.6%	1.1%	Z
Unknown				9.7%	

(a): includes persons reporting only one race

Z: value greater than zero but less than half unit of measure shown

State, county and city information from U.S. Census Bureau Quick Facts 2009

† Student data is from 2010–2011 Fall enrollment data

‡ Employee data is from August 2011

director of the Center for Teaching and Learning was expanded to include helping faculty address diversity issues and cultural sensitivity in the curriculum.

Our goal: A University-wide diversity plan

Many small pieces of a diversity plan are in place, but we recognize the need for more focused efforts to diversify and develop cultural sensitivity. The diversity issue is seen as having significant importance as we strive to educate health care professionals for the global society in which they will practice and work.

DMU's well-intentioned but inadequate attempts to achieve diversity were discussed as the current strategic plan was developed. Diversity efforts take time, and we did not begin developing the 2010–2012 Strategic Plan until January 2010. Also, diversity goals in the previous plan were dealt with superficially, creating a campus-wide lack of confidence in the University's commitment to diversity. We did not want to set a strategic goal that merely paid lip service to diversity, nor did we want to undermine future diversity efforts by identifying targets we could not meet or tactics that took action merely for the sake of taking action. Instead, we decided to treat diversity as an independent planning initiative until the next strategic planning cycle.

Moving forward, we recognize the need to stop thinking of diversity in terms of numbers achieved by Enrollment Management. Diversity must be envisioned as a holistic concept that is integrated into values, educational outcomes, and institutional character of DMU.

To define the concepts needed for a holistic approach, DMU must develop a diversity mission statement and a specialized plan to further

integrate diversity into the culture, mission, and educational goals of the University. We also need to replace a faculty-only Affirmative Education committee. This group disbanded because members realized a committee that monitors diversity should include students and administrators as well as faculty. The entity that replaces them will recommend and monitor all strategies related to diversity issues. This will ensure that focus on diversity continues to be a significant part of the University culture moving forward.

Moving forward

Our first step is to engage in an institutional dialogue on diversity. Dr. Daryl G. Smith, Claremont Graduate University, is a consultant known for developing campus diversity plans that effect meaningful change. She advocates for diversity as a key component of quality and educational success and her book *Diversity's Promise for Higher Education: Making It Work* is considered essential reading for institutions attempting to develop sustainable diversity strategies.

In April 2011, Dr. Smith spent two days on campus. She met with senior leadership, the Faculty Leadership Council, the Gay Straight Alliance, a multicultural student group, and Clinical Affairs. Participating in faculty administrative forums and an open session gave her a feel for significant trends on campus, which she summarized in her Report to Des Moines University:

- DMU should stop addressing diversity as a sporadic issue, but rather look at diversity as we do technology—as absolutely essential to our success.
- At DMU, the vision for diversity is not articulated in our values, our mission or the strategic plan. This causes audiences, including minority

applicants in Enrollment Management or Human Resources, to question our commitment.

- Our challenge is to embed diversity as a deep cultural concept. Cultural competency is essential; it is not stereotypical; it is not “added on” but rather must be “embedded in.”
- Our campus diversity climate must be linked to health professionalism and excellence.
- To incorporate cultural competency into the curriculum, we need to develop faculty capacity to understand and educate students on the dimensions of culture in health care.
- Multicultural students at DMU face many stresses and therefore need adequate support in place to experience a welcoming and sustaining environment.

Dr. Smith's summary defines our key needs for building capacity to embed diversity in education and services.

RECOMMENDATIONS FOR CORE COMPONENT 1B:

In our mission documents, we recognize the diversity of our learners, other constituencies, and the greater society we serve.

For our students to have a quality education, we have to prepare them to care for a diverse population and to understand the cultural differences that these patients bring to a health care setting. While we have made efforts to build awareness and integrate cultural competencies into the curriculum, to move forward we need to build consensus on what diversity means and develop a University-wide diversity plan integrated with core educational goals.

We have laid solid foundations for developing a University-wide diversity plan:

- Our core value of Humanism stresses respect for all persons.
- We are proud of our historical commitment to meet the health needs of the under-served.
- We are rated as beginning to understand and respect other cultures on the cultural competency continuum.
- Students have many opportunities to work with those from different backgrounds.
- We were honored with the 2010 Des Moines Human Rights' Business and Industry Award for demonstrating a commitment to human rights, providing ongoing medical and service outreach to the community, and sharing education and health care with the world.

However, we face significant challenges. We are located in an area with little diversity so we must recruit creatively to build a critical mass of minority students. Some senior leaders are very aware of diversity, while others do not have a strong background in this area. Our scholarship funding is not at a level that allows us to compete for a sufficient number of qualified minority candidates. In addition, our academic programs have not specifically defined the educational benefits of diversity. While Dr. Smith noted an openness to responding to the diversity issues in enrollment, climate, and curriculum, she found a general lack of knowledge about how to effect change.

We are working on writing a diversity statement and developing recruiting procedures. In the interim, we are using this language: Des Moines University is committed to the values of honesty, accountability, collaboration and inclusiveness as the basic tenets of professional integrity. These four values are the basis of the new Professional Integrity Code, discussed more fully under Core Component 1e.

We make these recommendations:

- Conduct a University-wide dialogue on diversity.
- Incorporate regional and local perspectives to define underrepresentation in access to medical care.
- Develop and implement a diversity plan for the institution.
- Assess human resources necessary to meet the goals within the diversity plan, and develop position description(s) and hiring patterns to accomplish plan goals.
- Continue efforts to assess and incorporate cultural competence in coursework.
- Develop definitions of the educational benefits of diversity for each program.
- Revise our mission documents to address diversity more directly and provide a basis for our diversity strategy.

CORE COMPONENT 1C

Understanding and support for our mission pervade our organization.

We could argue that awareness of our mission is high throughout the University. Core mission documents are widely available, survey results indicate that people feel a connection between their work and the mission, and few substantive changes to the mission and vision statements were suggested during the 2010 strategic planning process. However, on closer examination, we found that people understand the mission in general terms, but have difficulty identifying specific ways that we fulfill it or display a special competence. In addition, the 2010 strategic planning process identified an overlap between our mission (a statement of why we exist) and our vision (our picture of our ideal future). Rather than waiting for the next scheduled review of our mission, vision, and values statements in 2012, we are currently reviewing our core mission documents. Led by President Franklin, a Strategic Planning team organized in July 2011 is preparing recommendations on revising our core documents in preparation for the next strategic planning cycle, as discussed in the Strategic Planning Process section of the Introduction.

Mission documents availability

Mission, vision and values statements are displayed on the University website for external constituents and prospective students and employees. Internally, they are displayed on Board, administrative, faculty and student network portals. Each meeting agenda of the Board and its committees includes the mission statement. New Trustees and employees receive mission as well as vision and values statements during orientation sessions. All employees are encouraged to

display the mission, vision and values of the University in their work areas, although, as noted, these documents are not prominently displayed.

University events that support the mission begin with orientation activities. One of the most memorable for students is the White Coat Ceremony, initiated more than 10 years ago. Students in all clinical programs don their white jackets as a class and are recognized individually by the president, dean and faculty as they walk across the stage. They sign the Professional Integrity Code as another symbol of their willingness to uphold the standards of professionalism, scientific excellence and compassionate health care. Other mission-related initiatives are described throughout this report, including the Personal Wellness Profile program, global health missions, the Mobile Clinic, and the Iowa Center for Simulation and Patient Safety.

General awareness of the mission among members of the Des Moines University community is high. On the 2010 DMyoU Engagement Survey, 91 percent of respondents indicated that they understood how their job contributes to the University's mission. Prior to 2010, the University participated in the Best Places to Work survey. While that survey did not specifically address mission, it did ask participants to respond to the statement, "I understand how my job helps the organization achieve success." Favorable responses were above 90 percent from 2005 through 2009.

However, during our recent strategic planning process we discovered that many of us were unable to broadly identify the content of the mission documents or to articulate a personal connection with these statements. A custom question for Des Moines University was included in our 2010 DMyoU Engagement Survey: "Our institution's mission and values guide decision-making throughout the institution not just in theory but also in our day-to-day actions." The positive response was 55 percent. We consider this very low, our benchmark being 80 percent.

When this survey was completed, a new University strategic planning process was just being implemented. One issue that surfaced was the lack of convergence between University and college mission documents and strategic plans. With the current strategic plan, a mechanism for aligning University- and college-level strategic goals was developed. In addition, two objectives in the 2010–2012 Strategic Plan address this issue:

- Objective 6.4: To establish a process to vet all new, expanded, and existing initiatives requiring a sustained commitment of funding for alignment with the University's mission, vision, values and Goals.
- Objective 6.5: To establish a process to vet all new and vacant positions for alignment with the University's Mission, Vision, Values and Goals.

We hope that this focus on alignment will result in an increasing awareness of how mission drives day-to-day actions. For a more detailed discussion, see Synchronization and Alignment of Strategic Plans later in this section.

The University Strategic Planning Team is committed to highlighting the significance of the mission and vision statements so that every employee of the organization recognizes the value of individual and collective contributions in achieving the principles identified in the mission documents.

Mission-based decisions: A need for new vision

During the information-gathering process for the 2010–2012 strategic plan, employees and students were asked for suggestions and feedback concerning the mission. However, in-depth exploration of the mission and vision did not begin until December 2010. As the outside consultant who facilitated the process, Michael Hovda, explained, "The current plan is transitional. Its focus was on eliminating conflicts between the college and the

University plans. For the next strategic plan, we want the visionaries—the dreamers."

Community support of mission: Appreciation of service

Des Moines University is a respected source of health information and a valued collaborator with local medical institutions. However, it needs to raise its visibility and cultivate more financial support.

In March 2007, a follow-up to the Selzer perception survey measured awareness of DMU's accomplishment and contributions to the community. The responses reflected growing awareness of the mission of the University.

Many events sponsored by the University have received overwhelming support from the local community. One notable example is the Senior Health Fair, an event held on campus each November with a focus on health screenings and disease-prevention education activities. This event involves students and clinical faculty from all clinical programs. Attendance from the local community has increased every year.

Another event receiving exceptional support from the local community has been the Glanton Scholarship Dinner, which recognizes two long-time members of our Board of Trustees while raising funds designated for minority students. As one of the 2008 Glanton Scholarship recipients, Theresa Duarte, D.O.'11, said, "By receiving this gift, I have come to understand that not only my family and friends support my education, but so do those in our community. This gives me the encouragement to strive for all that I can achieve, so that one day I may give back to those who believed in me." Over the past five years, the endowed scholarship has grown to over \$1 million with students from all programs receiving Glanton Scholarships.

GLANTON SCHOLARSHIP

Year of Glanton Event	2005	2006	2007	2008	2009	2010
Dollars Raised	\$ 154,541	\$ 211,592	\$ 288,950	\$ 271,775	\$ 230,296	\$230,000
Number of Donors	210	241	203	199	204	207
Approx Attendees	409	456	395	405	502	505

The Mini Medical School is an annual event that offers a series of education sessions built around common themes. The program is open to and has received strong support from the University and local community. Over the past five years, evaluations have consistently rated the program as a positive learning experience that offers valuable information about enhancing individual and community health and wellness.

Other examples of community support are discussed under Core Component 5d.

Alumni support of mission: A need for more resources

The financial support of alumni has been a point of frustration for many years. The University has struggled to collectively engage graduates in terms of providing financial support through various giving opportunities. Although Alumni Relations created an alumni board for each college, board member involvement and results were inconsistent; two of these boards fell well below expectations. Recognizing the amount of funding required to manage the three boards and the less than ideal return on these efforts, a Board of Trustees' alumni task force proposed a new structure: a Unified Alumni Board with a council for each college. The unified board was approved in March 2011. Its purpose is "to build lifelong, interprofessional relationships that support the financial stability and future

of our University, its mission, and strategic plan initiatives."

The Class Representative program, intended to improve alumni participation in fund raising and alumni events, began in August 2010 and continues to grow. The 2010–2012 University Strategic Plan includes a goal to increase number of alumni contributing annually by 10 percent. In 2010, the average gift from each donor increased by nearly \$400. In addition, alumni are showing increased interest in creating endowed scholarships. Membership in the President's Society, which requires a minimum gift of \$1,000 per year, continues to grow.

On average, Alumni Relations hosts 25 alumni events across the United States each year. In addition, before the Unified Alumni Reunion was established in 2008, separate reunions for each college were held different weekends throughout the year. To accommodate the growing workload and to increase engagement by developing more alumni programming, an administrative assistant position was budgeted in 2008. An assistant director of Alumni Relations was hired that same year to create the Class Representative program and work on reunion efforts and event coordination.

Recognition of mission: A need for more visibility

Results of the Selzer survey of Des Moines community and health care leaders performed in 2004 and 2007 suggest "DMU retains a relatively low profile among members of the community," demonstrating that either the public has not responded to the marketing efforts undertaken or that marketing efforts have not been substantial enough to affect public opinion. Since 2007, the University has increased public relations efforts across a variety of media forums. The results of these efforts have yet to be formally evaluated.

However, the 2007 survey showed "significant progress in both awareness and status among the group in the survey identified as health care leaders." Health care leaders know DMU and applaud our contributions to increasing the quality of life for Iowans around the state, which suggests that we are fulfilling our mission. Nevertheless, this group lacked familiarity with the various degree programs offered at the University.

There is no question that having a former governor as president of the University brought increased recognition. Having a career politician as president can also influence perceptions both positively and negatively. The second Selzer survey was conducted three years into Governor Branstad's tenure (2003–2009). Its mixed results may reflect the public's awareness of a high-profile leader, but lack of familiarity with DMU's academic programs, our community service, or the distinctive features of osteopathic medicine.

Another factor in the results may be that the Des Moines University Clinic has been a relatively low-profile resource within the community. The health care service arm of a medical school is a way to develop connections with the public. However, the University has struggled to identify the purpose and expectations of the DMU Clinic system. This may explain why there was minimal improvement in the awareness of the name

change of the University in the follow-up survey. Two objectives in the 2010–2012 University Strategic Plan further the goal of fostering a clinical environment that supports our educational mission:

- Objective 2.1: To determine services necessary to meet the needs of all educational programs with emphasis on clinical training requirements and accreditation standards.
- Objective 2.2: To complete a comprehensive review of the Clinic operations, utilizing internal and external resources, including patient and student capacity, services, personnel and clinic structure. The President's Cabinet will develop an action plan based on the recommendations of the review.

While the University does many things to integrate the institution into the local community and to involve the community in various activities of the University, frequently the recognition that should accrue to the University is less than expected. This may be a result of the lack of a coordinated effort on the part of the institution to focus on niche areas tied to institutional mission and vision.

Recent work by Marketing & Communications has focused on increasing awareness of the University, its students, faculty, alumni, Clinic and impact on the community. Regular market testing is used to test messages and gauge public awareness and perception of community impact.

The University may want to consider a follow-up survey of community leaders in the near future to fully assess progress made in the visibility and image of the institution. That would assist President Franklin in establishing a benchmark with respect to community understanding and support for the mission of Des Moines University.



Kyla Carney, D.O., is one of the family medicine practitioners at the DMU Clinic who provides pediatric care.

Synchronization and alignment of strategic plans

Historically, the timing of the development and implementation of college and University strategic plans has not resulted in optimal plan synchronization. Much of this was related to a lack of confidence in previous University strategic planning processes and the plan itself. In addition, there was very little discourse calling for a clear relationship between University and college plans in support of institutional mission and vision. Rather than having these plans work in unison toward a common outcome or goal, a silo effect evolved. As a result, colleges functioned independently of one another. This eroded the spirit of collaboration and, in some instances, the spirit of collegiality.

This lack of alignment was particularly evident in the budgeting process, where competition for funding college-based initiatives not emanating

from the University strategic plan frequently became the rule rather than the exception.

The University administration avoided the difficult conversations that leaders must have in order to make mission-based decisions while fostering an intellectual environment that values the ideas and opinions of all. This was a clear theme identified in the feedback provided to the University Strategic Planning Team charged with developing, implementing and monitoring the 2010–2012 University Strategic Plan. This same concern was repeated in nearly every University-wide survey conducted for several years leading up to 2010–2012 strategic planning process.

This raised questions about the understanding and support for the mission across the organization. To address this potential problem, the University Strategic Planning Team developed a process that included a review of the existing University, college, and program strategic plans, and created a new institutional plan to serve as a template, set expectations and establish timelines to align college and University plans in support of institutional mission and vision.

Following Board approval of the 2010–2012 University Strategic Plan in June 2010, the Strategic Planning Team began working with the academic deans and faculty members of each college to align the existing college plans with the institutional strategic plan. A degree of latitude was built into the process, affording deans and college faculty the opportunity to identify a process with the greatest probability of aligning academic subunits' goals with the mission of the organization.

To that end, at the September 2010 Town Hall meeting, the deans outlined the process for aligning college-specific plans with the University strategic plan. This alignment was accomplished by December 31, 2010. From now on, the timing of subsequent University strategic plans will foster continuous congruency with college-based strategic plans. The Board of Trustees has endorsed this concept and expects periodic status reports

from the Strategic Planning Team charged with the responsibility of monitoring the University plan. This is a major improvement in the process to achieve University understanding and support of our mission.

Planning-based budgeting support for mission

Prior to the 2010–2012 University strategic plan, institutional strategic planning processes articulated a focus on mission, vision and values, but did not include measurable objectives. As a result, the prior strategic planning process was aspirational rather than operational in achieving the mission, vision and values through appropriate budgetary and other decision-making processes. Albeit nearly every budget decision can in some manner be tied to institutional mission and vision, the goals and corresponding strategies/objectives in previous strategic plans were not particularly highlighted in the annual budget process. This became a clear theme in the information-gathering phase of the 2010–2012 strategic planning process. To remedy this, two of the five financial stewardship goals in the current strategic plan deal with aligning budget and mission.

Examples include funds reserved for the development of the Center for the Improvement of Teaching and Learning (CITL) and for comprehensive reviews of the Office of Research and the Clinic with a focus on their roles in the educational mission of the University.

RECOMMENDATIONS FOR CORE COMPONENT 1C:

Understanding of and support for our mission pervade our organization.

As we embarked on the most recent institutional strategic plan, the feeling across the campus was that previous institutional strategic plans were not fully integrated into the culture of the University and that lack of communication about progress toward plan goals resulted in less than optimal results.

The 2010 strategic planning process engaged nearly 50 percent of our community and defined a process for aligning strategic planning goals with our mission and vision. Over 90 percent of employees now understand how their work contributes to our mission. Awareness of our mission has also increased among leaders of the Des Moines health care community.

To maintain this momentum, we must work toward these goals:

- Create a culture of accountability, using tactics identified under Goal 1.0 of the current strategic plan.
- Develop a sense that we are all one University rather than three independent colleges.
- Continue efforts to align college-level planning and budgeting with the University strategic plan.
- Continue to raise the visibility of Des Moines University locally and across the state. A focus on services provided by the Clinic is a place to start.

CORE COMPONENT 1D

Our governance and administrative structures promote effective leadership and support collaborative processes that enable us to fulfill our mission.

Des Moines University is led by the president, who reports to the Board of Trustees. The vice president for Administrative Services oversees all administrative operations and the provost acts as chief academic officer with oversight of all academic programs, and faculty and student services. The three academic deans report to the provost, and all administrative departments report to the vice president for Administrative Services.

This reporting structure is designed to create a clear line of communication and delineation of responsibility. Senior leaders and department heads meet monthly as the University Council to share information and discuss issues that require collaboration. The meetings in the past consisted of brief reports from each attendee. More recently, the meetings have gone to an agenda-based structure in an effort to focus on time-sensitive and substantive issues.

The President's Cabinet is composed of senior administrators (provost, deans, vice presidents, CFO, CIO, University Counsel, and faculty president), whose role is to provide advice and guidance to the president on matters related to University operations. While the Cabinet may participate in decision-making at the pleasure of the president, it primarily acts as a deliberative and advisory body. Weekly meetings serve as a forum for senior leadership to discuss ideas and concerns about University operations. The President's Cabinet provides broad representation of the DMU community and includes individuals with diverse backgrounds and skill sets.

The organization of the faculty is defined by the constitution and bylaws of the University faculty. Officers are elected by the faculty. Monthly meetings are usually open to all faculty members and officers of the University. Standing committees include the Nominating Committee; Bylaws Committee; Educational Resources Committee; Faculty Grievance Committee; Faculty-Student Committee for Professionalism; the Faculty Welfare Committee; the Graduate Council; the Rank, Promotion and Tenure Committee; the Research and Grant Committee; and the University Facilities Committee. Additionally, the faculty of each college are organized pursuant to faculty bylaws for each respective college.

Communication among colleges has improved since Traci Bush, P.T., OTR/L, D.H.S, proposed a Faculty Leadership Council in 2010. Faculty leaders from each college now meet monthly to facilitate effective and efficient communication; promote discussion, decision making, and dissemination of accurate information across all colleges; and aid in reducing the silo mentality and ease tension between faculty from the three colleges. Under the leadership of the faculty president, the council has participated in the creation of a student grade appeal process, facilitated communication among colleges regarding the new rank, promotion and tenure process, and assisted in presenting the new professional integrity concept to faculty units in each college.

The overall administrative structure, while formal in nature, allows for collaboration across departments and effective delivery of services. A number of departments provide services to the entire University, thereby reducing redundancy and increasing efficiency through consolidation.

Leadership issues

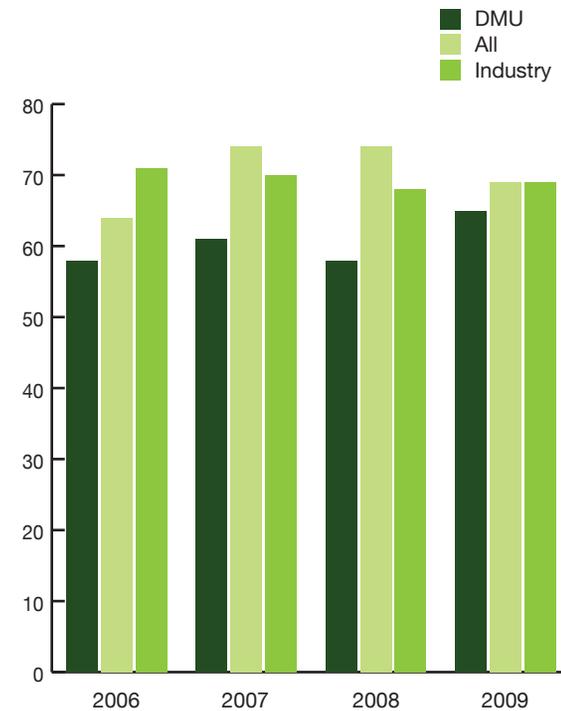
Since 2006, the University has conducted an annual, campus-wide environmental survey designed to identify strengths and areas in need of improvement. The response rate to the surveys has consistently exceeded industry standards. Many of the survey statements have dealt with the effectiveness of senior leadership. While most respondents believe “the organization will be successful in the future,” the 2006 survey identified concerns with these areas: trust in senior leaders to set the right course, trust of senior leadership to lead future success, and understanding of plans for future success.

In response, the University engaged an outside consultant to conduct the 2007 Best Places to Work Follow Up Project. Michael Hovda was asked to identify issues and offer recommendations to address them. Through focus groups involving a representative sample of the University community, the project identified the President’s Cabinet as the leaders of the institution. Survey results indicated that the Cabinet needed to take these actions: improve communication of key decisions across the University; increase the opportunity for the community to provide input on key decisions, which will lead to greater acceptance and support of decisions; and be consistent in its decision-making process.

In response, we have taken these actions to improve communication between senior leaders and the University community:

- Publishing minutes from President’s Cabinet meetings on the University portal
- Establishing an annual State of the University session
- Including the faculty president on President’s Cabinet
- Recruiting and hiring a provost to oversee the academic programs (discussed in the Academic Leadership section)

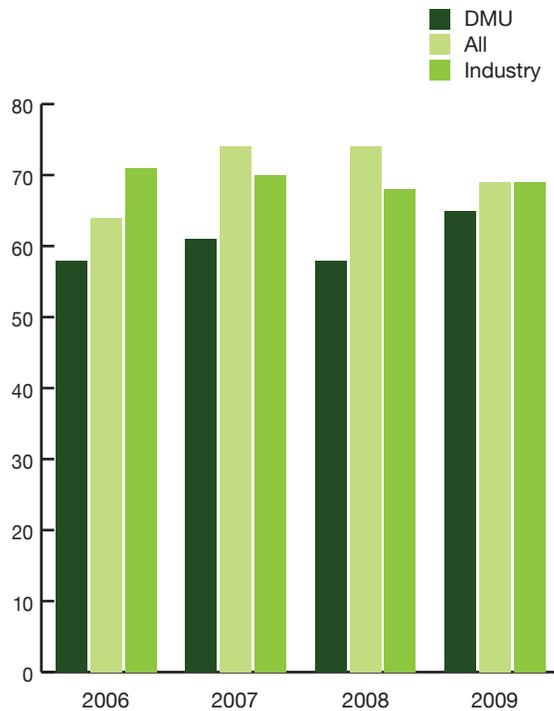
TRUST IN SENIOR LEADERS TO SET THE RIGHT COURSE (FAVORABLE RATING)



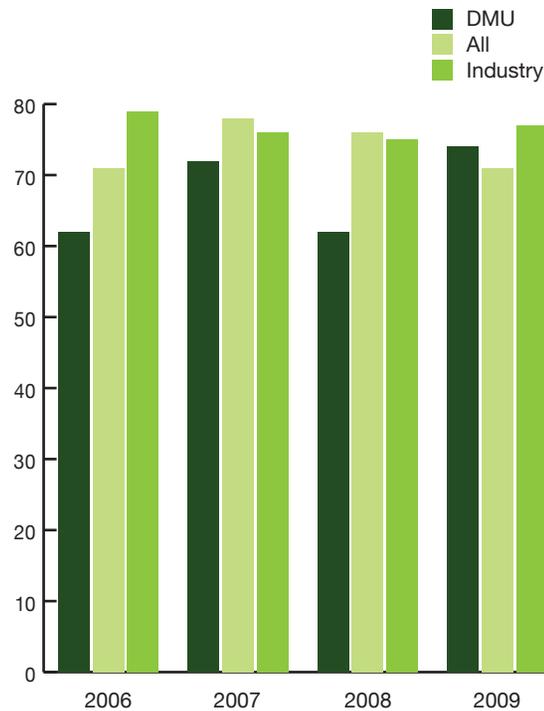
These strategic changes resulted in a substantial improvement in the perception of senior leadership in the 2009 survey data, as shown in the four graphs of favorable ratings.

In 2010, the University participated for the first time in the DMyoU Engagement Survey (a customized version of *The Chronicle of Higher Education’s* Great Colleges to Work For survey). The switch from the Best Places to Work survey was made because the topic areas covered by *The Chronicle’s* survey are more relevant to Des Moines University and include a comparison to peer institutions.

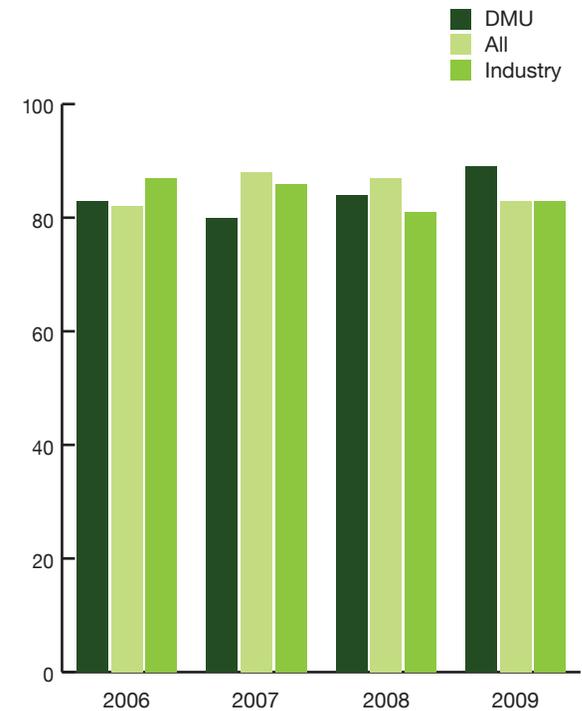
TRUST IN SENIOR LEADERS TO LEAD FUTURE SUCCESS (FAVORABLE RATING)



I UNDERSTAND THE COMPANY'S PLAN FOR FUTURE SUCCESS (FAVORABLE RATING)



I BELIEVE ORGANIZATION WILL BE SUCCESSFUL IN THE FUTURE (FAVORABLE RATING)



Several questions in the new survey are comparable to those in previous surveys, including “senior leadership provides a clear direction for this institution’s future” and “senior leadership has the knowledge, skills and experience for institutional success.” The results showed that 61 percent of respondents believe the University has a clear direction, which is below the Best in Category (small) positive response rate of 77 percent. Eighty percent judged senior leadership to be knowledgeable, compared to the Best in Category rate of 87 percent.

These survey results, along with information collected from the University’s strategic planning process, suggest that our community is confident

of future success. Confidence in the talent, experience and decisions of senior leadership has also increased. In addition, widespread support for the current strategic plan has created a climate in which senior leaders can be more effective.

The 2010 DMyoU survey also provided useful data concerning the perception of shared governance at the University. Results showed 59 percent of the respondents believe that the principles of shared governance are clearly stated and publicized, and 76 percent of the respondents believe that the faculty have been appropriately involved in educational programming. In addition, 67 percent of respondents believe there is appropriate employee involvement in institutional

planning. Of note, this survey was conducted at the beginning of the development of the 2010–2012 strategic planning process.

Our commitment to shared governance is evidenced by the 2010 strategic planning process and the recently completed presidential search process. The search committee was comprised of four Board members, four faculty members, one exempt staff member, one non-exempt employee, one student and one member of the local community. In contrast, the 2002 Presidential Search Committee included only Board members and one administrator.

Another sign of progress is the description of the revision of the Rank, Promotion and Tenure

(RPT) policy given by the faculty president to the chair of the Board of Trustees. After the first draft was developed, three forums were held to allow faculty to give feedback. A revised second draft was then circulated, and two more forums were held before ballots were cast in February 2011. When reporting the results of the vote, Faculty President Dr. Edward P. Finnerty wrote: “This endeavor has been a joint effort between the RPT committee and the administration led by Dr. McLean. I am pleased to report that it has not been a negotiation—rather a collegial discussion.”

Evaluation of leadership effectiveness

Board of Trustees

The University’s Articles of Incorporation and bylaws clearly set forth the composition and structure of the Board of Trustees. The Board currently has 28 members.

When their terms are due to be renewed, Board members complete a comprehensive individual self-assessment covering background, knowledge of the University, Board and committee meetings performance, communicating with the public, trustee concerns and personal performance as a Trustee. The self-assessments are reviewed by the Board’s Nominating Committee and used to prioritize Board development programs to remedy areas of need or specific interest. The Board feels the process is appropriate and useful in evaluating the leadership effectiveness of individual members.

In March 2010, the Board conducted an inventory of skill sets represented by its members and identified additional skills that would benefit the University. Identifying and meeting these competency needs will broaden the scope of expertise

across a variety of professional sectors and lead to greater input into the decision-making process.

During the March 2010 retreat, the Trustees broke into four small groups to discuss potential opportunities for improvement in Board governance. The leaders of these four groups formed an ad hoc committee that met periodically during the year to advance the ideas brought forth in March.

At the December 2010 Trustees’ meeting, the ad hoc committee recommended that the Association of Governing Boards (AGB) be engaged to review the functioning of the Board and to identify opportunities which would improve its effectiveness. The recommendation was approved.

Dr. Ellen Chaffee, an AGB senior fellow and consultant, spoke individually with Trustees in the weeks prior to the March 2011 retreat to seek their perspectives, interests and goals for the board. In consultation with Dr. Larry Baker (Vice Chair/Chair-Elect) and President Angela Franklin, Dr. Chaffee then conducted an extremely valuable two-day retreat that focused on Board philosophy, purpose and operations and on establishing a strong base of mutual understanding to launch Dr. Franklin’s successful presidency. To help focus the attention of the Trustees and to encourage free expression, Dr. Chaffee asked that most of the other attendees not be in the room during the first day’s session. Under her skillful facilitation, the Board candidly and successfully considered sensitive governance issues and identified specific steps to be taken following the retreat to address them. The depth and significance of the issues addressed are best captured in handouts from the sessions, which may be found in the Resource Room.

Following the retreat, Trustee Art Wittmack observed, “I believe we have a better understanding of how the Trustees can better guide and govern. And of similar importance, we discussed constructive steps that can be taken organizationally, and in our communication with each other, when it becomes necessary to investigate or

consider something that causes us concern. Collectively, we took a major step forward.”

President

The Articles of Incorporation and bylaws also identify the administrative officers of the University and describe their responsibilities.

The Board of Trustees evaluates the performance of the president on an annual basis. The presidential review process outlines the procedures and timelines for this evaluation. The review process requires the president to complete a self-assessment of established goals from the prior year. The executive committee of the Board reviews the self-assessment, evaluates performance against established goals/benchmarks and sets goals for the following fiscal year. The executive committee shares the president’s self-assessment with the full Board and their recommendations are presented for approval by the Board.

Board member involvement in the strategic planning process and the knowledge of the results of University-wide surveys will increase members’ awareness of the University environment and improve the presidential review process.

Senior leadership

The Best Places to Work Follow Up Project, DMyoU Engagement Survey and information collected in the development of the 2010–2012 University Strategic Plan consistently identified a concern with accountability of senior leaders. Historically, the evaluation process for senior leaders consisted of the deans sending a list of their accomplishments to the president (to whom they reported). The president then wrote a letter summarizing the list of achievements. In 2009, Interim President Stephen Dingle determined this process to be text-dependent, one-directional and overly subjective. The process did not address accountability in a satisfactory manner.

An evaluation process designed to move toward a performance-accountable culture and to identify and measure core competencies that can be used by both the employee and supervisor to identify opportunities for growth was developed by Human Resources Director Becky Lade, Provost Dr. Karen McLean, and external consultant Michael Hovda.

The following steps were taken:

- Identified core leadership/management competencies and provided working definitions.
- Designed a leadership model for DMU serving as the foundation for the performance reviews for all senior leaders.
- Designed a senior leadership performance review template.
- Provided suggestions for developing specific competencies.

The evaluation instrument was presented to the President's Cabinet for feedback. In June 2010, the tool was incorporated into WingSpan, an electronic performance appraisal tool that uses forms developed at DMU, and immediately implemented by the president and provost.

To create an open exchange of ideas and enhance lines of direct communication, the provost implemented weekly Deans' Council meetings in October 2009. Attendees include the three academic deans, the vice president for Research, the vice president for Student Services and the provost. These individuals also review leadership effectiveness in regular individual meetings with the provost. This has proved to be helpful in communicating concerns, solutions and progress on goals.

Strengthening leadership structure

Academic leadership

In 2007, the Des Moines University Quality Committee observed a pattern of downtrending scores in the Best Places to Work survey results. This prompted the President's Cabinet to hire Michael Hovda to identify problematic patterns and develop employee-generated solutions.

One concern that surfaced during the follow-up project was the lack of an experienced full-time senior academic leader to work with deans to foster collaboration and appropriate sharing of resources.

After the departure of Dr. Richard Ryan in December 2002, Des Moines University struggled to find the appropriate organizational structure. During his tenure as president and CEO, Dr. Ryan, an experienced academician and administrator, served as the senior academic administrator. Six months prior to his planned retirement, Dr. Ryan appointed an interim vice president for academic affairs to help with the leadership transition. This individual also served as the dean for the College of Podiatric Medicine and Surgery.

Short-term, this appointment was appropriate. Long-term, however, this new organizational structure had an inherent conflict of interest because the deans of COM, CHS and Research reported to the vice president for academic affairs (VPAA). President Terry Branstad, former and present Governor of Iowa, in 2004 removed the interim title of VPAA and revised the position to be an academic advisor to the president. He chose to keep the dual appointments rather than create a full-time senior academic administrator. In this model, the VPAA and deans reported to the president. Two years later, it became clear to the VPAA that the existing organization model was not effective for the institution, was injurious to the relationships among the academic deans and

was clearly not in the best interests of Des Moines University.

Following the resignation of the VPAA, the duties of the position were reassigned to several senior administrators. This proved to be equally ineffective and divisive. Due to a lack of an experienced academic leader, there was a lack of oversight, the deans had no meaningful evaluation or development process, policies were not followed or were applied inconsistently across the academic programs, and due diligence was not a common practice in budgeting for the academic programs.

In 2008 the University engaged in a process to determine the appropriate academic structure for the University. The DMU Administrative Organization Project, led by Michael Hovda, was a three-phase project conducted over a one-year time frame. Several problems with the administrative organization and reporting structure identified in Phase I of the project were identified:

- The existence of an academic void at the senior level
- A need to provide consistency in designing, applying and enforcing processes and policies in regard to the three colleges
- A need to create a more collaborative and unified operation with the three colleges
- A need to create a cohesive and aggressive strategic plan from a senior academic and University-wide position as well as the accompanying path to achievement
- A need to provide an academic faculty champion above the level of dean, who is independent of each college
- A need for structural congruence and the minimization of redundant activities
- The need to increase external credibility among alumni and the community at large, both in function and perception

Phase II of the project involved researching the organizational structure of seven peer institutions. Although these administrative structures varied, a clearer picture of how we compared to our peers began to emerge. In Phase III, the President's Cabinet was presented with three organizational models. The advantages and disadvantages of each model were discussed, with consensus being that the model with the academic deans reporting to a provost would be the most appropriate fit.

Once the decision was made to hire a provost, it was recommended that the president of the University develop a Chief Academic Officer Implementation Plan to increase the likelihood of success. What came to be known as the provost docking process was developed in consultation with Michael Hovda of InsideOut Leadership. Hovda identified cultural issues to be addressed prior to hiring a chief academic officer, including the need for "elevated leadership" from the President's Cabinet and "increased performance accountability for some members" of the Cabinet.

After a search, Dr. Karen McLean was hired as provost in August 2009. She was tasked with several immediate priorities:

- Update the University's strategic plan.
- Spearhead the re-accreditation process by the Higher Learning Commission. A commission site visit is planned for January 2012; preparation typically takes two years.
- Create a sense of equity and accountability across the colleges.
- Evaluate faculty work assignments.
- Work with Human Resources to make DMU more competitive among peer institutions in its faculty/staff hiring processes.
- Serve as principal investigator on a new Mobile Clinic project, a partnership between DMU and Free Clinics of Iowa supported by a grant from the Health Resources and Services

Administration of the U.S. Department of Health and Human Services.

- Strengthen the Institutional Animal Care and Use Committee.

There were opponents to the creation of this position; to say there were growing pains would be an understatement. However, the benefits of having a senior academic officer are already apparent. From the time the provost assumed her role, the capacity to improve the application of policies, revise Rank, Promotion and Tenure Protocols, enhance academic best practices and prepare the institution for change has been extraordinary.

As an institution we realized that a poorly designed academic structure leads to stagnation and fragmentation. We discovered the injury that occurs to individuals who are put in positions with little chance for success. We now understand the need for a position of convergence for the academic needs for all three colleges and the Office of Research. As Des Moines University continues on its path, we must evaluate the expertise and strengths of the senior leadership and address any areas of need rather than attempt to palliate gaps in leadership.

Technology leadership

An external review of Information Technology Services (ITS) was precipitated by ongoing issues with ITS services on campus, brought to a head by problems associated with the implementation of Microsoft Office 2007. In addition, faculty, students and the administration were concerned about delays in the completion of projects requiring the expertise of ITS. All of this was further emphasized by the results of the University Support Services Department Survey.

In late 2008, the University administration engaged RSM McGladrey to assess the capacity of ITS to meet the needs of the institution, to assess the competencies of the existing staff, and

to determine whether ITS had the capacity to address the service requests it received.

The consultants' report indicated that the ITS staff had the skills and expertise necessary to meet the University's needs, but that department leadership needed to be more strategic. In other words, rather than focusing on putting out fires, ITS leadership needed to take a long-term look at how best to meet our computing needs. The report also indicated that the ITS staffing level and annual budget were appropriate to meet institutional needs and that the service requests submitted to ITS were reasonable. The external review identified the need for security assessment and recommended outsourcing certain projects rather than hiring additional full-time personnel.

The consultants offered no recommendation regarding the Chief Information Officer (CIO) position. However, after reviewing their report, it was apparent that a change in leadership was needed. In early 2009, the University decided to reorganize the department and create the position of CIO. Wayne Bowker was hired to fill the position in June 2009. To increase communication, the CIO was appointed to the President's Cabinet. These areas of emphasis were identified as his first priorities:

- Ensure ITS is a "customer-first" organization.
- Continue to improve the way the department communicates to faculty, staff and students.
- Identify project priorities and deliver on the right projects that help the University.
- Ensure that technology at DMU is compliant in all regulatory areas and that its computing environment is secure and agile enough to meet the University's needs.
- Create and implement new processes that will make IT services more efficient and effectively delivered.

Several of these concerns are addressed in Objectives 5.1–5.6 of the current strategic

plan. In addition, classroom instructional technology will be updated and standardized.

Senior leadership qualifications and credentials

Position descriptions

The University maintains clear position descriptions for senior leadership, including the president, provost, vice presidents, deans, University Counsel and chief officers. These descriptions are maintained by Human Resources and are available to the University community. Typically these position descriptions are reviewed by the designated supervisor when there is a vacancy. In 2010, the provost worked with the academic deans and dean of Research to update the duties and responsibilities of these positions. This met Objective 6.5 of the strategic plan.

Presidential search process

The University completed two presidential searches since its last HLC accreditation visit. This process has changed significantly since 2003, due to greater engagement of the University community in the latest search. Academic Search, Inc., assisted with the process, and all members of the University community were invited to provide feedback. The most recent search ended with the hiring of Dr. Angela L. Walker Franklin, who came to campus in March 2011.

Succession planning

The University does not have a formal succession policy for senior leaders. Periodically, the president requests a formal succession strategy from members of the President's Cabinet. It is customary to update the plan when there is a

change in personnel. Succession plans require presidential approval. Copies of the approved plans are housed in the University Counsel's office. The presidential succession plan is approved by the Board of Trustees. In the few instances where a sudden change in a leadership position has occurred, the transfer of responsibility in accordance with the succession plan has maintained the continuity of the unit experiencing a change in leadership.

Senior leadership development

The Senior Leadership Evaluation section reviewed the need for a meaningful senior leadership evaluation process and the subsequent development, adoption and implementation of a more comprehensive evaluation process. Included in the evaluation instrument is the opportunity for the senior leader and supervisor to identify specific goals and administrative development needs, and strategies to achieve those goals. This is much improved compared to the cursory process previously used to advance the administrative skills of senior leaders.

Shared responsibility for curriculum and integrity of academic processes

All programs have a curriculum committee charged with reviewing and approving their respective programs of study. The responsibilities of these standing committees are identified in college-specific bylaws. The courses are reviewed by various curriculum committees and represented at those meetings by the course coordinators. When core courses are offered to more than one academic program, the chair(s) of the program curriculum committees are invited to attend the course review conducted by the

college that offers the course. In addition, committee minutes and course evaluations are shared with all curriculum committee chairs when the course includes students from various academic programs. Curriculum committee minutes are posted on the faculty portal.

With the hiring of the provost in August 2009, the University established an academic point of convergence for all programs. Previously the role of chief academic officer was distributed across multiple senior administrative positions. The provost now has a bird's-eye view of all academic programs across the institution to ensure appropriate distribution of resources for each program. This change in academic leadership has been met with some conflict due to the reporting structure change and resistance to having a new senior academic administrator not brought up through the Des Moines University system.

Most of our programs receive programmatic accreditation. External reviews are episodic, varying in time and frequency. However, because academic review should be a continuous process, we have attempted to develop an internal review process. Follow-through on recommendations has varied from academic program to program. Under Strategic Plan Objective 4.4, the Graduate Council has been charged with developing an academic program review policy, outlining a calendar, and developing the review template. We believe this will make our process more consistent and make information about program quality available to a wider internal and external audience.

The 2010–2012 University strategic planning process identified the need “to increase the effectiveness and efficiency of the University's clinical curricula.” Objectives under Goal 4.0 include developing a clinical education plan, establishing a Center for the Improvement of Teaching and Learning (CITL), instituting processes to define student learning outcomes and to review academic programs, all under the leadership of the provost. This goal and these objectives demonstrate

our commitment to a meaningful and consistent process for academic program advancement.

The 2010 DMyoU survey shows that faculty have a positive baseline opinion about shared responsibility for the curriculum. Sixty-three percent agreed that “faculty are appropriately involved in decisions related to the education program (curriculum development, evaluation...)” and 53 percent agreed that “the role of faculty in shared governance is clearly stated and publicized.” Seventy-one percent responded positively to this statement: “Faculty, administration and staff work together to ensure the success for institution programs and initiatives.”

With the various objectives and processes in the University strategic plan linked to shared responsibility, it will be interesting to compare the responses to these statements once the strategic plan is implemented and its objectives are completed.

Governance processes and activities

Previously cited surveys indicated that communication is an ongoing issue. The 2009 Best Places to Work survey revealed that only 62 percent of 194 employees who responded to the survey gave a favorable rating to the comment “There is open and honest communication between employees and managers.” Thirty-one percent gave the statement a neutral rating, and 7 percent rated the statement unfavorably.

In his review of the 2010 DMyoU survey results, consultant Rich Boyer listed communication as one of the three areas of weakness. In addition, only 56 percent of employees gave a positive rating to the statement “There is regular and open communication among faculty, administration and staff,” while 8 percent gave it a negative rating. Boyer stated, “Though progress has been

made, administration, faculty and staff express a need for improved communications. There is a desire for greater transparency and involvement and more cross-functional communication.”

In response, the DMyoU Engagement Project Team was formed to address items of concern. The communication work group has assembled a list of issues that may be explored through the use of campus focus groups. These include 1) how the campus receives information, 2) communication gaps, 3) methods to enhance communication styles, and 4) ways to facilitate the distribution of information.

Other channels for improving communication at DMU were developed:

- The Faculty Leadership Council facilitates better communication of shared issues among the three colleges.
- Annual State of the University sessions are held.
- Quarterly Town Hall meetings address University issues.
- Minutes of the President’s Cabinet and Deans’ Council are posted on the portal.
- Continuous updates on progress toward University strategic planning goals are available on the portal.

These initiatives have helped to increase trust in senior leadership, as the 2009 Best Places to Work survey shows.

The DMyoU survey asked a number of questions about collaboration. Sixty-four percent of employees responded favorably to the statement that “I can count on people to cooperate across departments,” with only 7 percent responding negatively. Response to the statement “We have opportunities to contribute to important decisions in my department” was 70 percent positive. However, the statement “There’s a sense that we’re all on the same team at this institution” only

received a 48 percent positive response, leaving significant room for improvement in this area.

Ongoing evaluation of structures and processes

Review of the organizational structure is triggered most often by events or initiatives that require either an addition, reduction or realignment of personnel. There is no regular review of the overall reporting structure or organization. Environmental surveys of the campus community, such as the Best Places to Work and DMyoU surveys, and feedback collected during the University strategic planning process stimulate further evaluation into the need for structural or functional modifications to the organization. The hiring of the provost and chief information officer are examples of changes to the organization based on sound due diligence.

Periodic review also occurs when a position becomes vacant. The job description and duties are reviewed by the supervising manager and Human Resources to ensure that the position still meets the needs of the department and the University. Adjustments are made as necessary.

Ongoing review is the responsibility of the Quality Steering Committee (QSC), which includes the provost, vice president for Administrative Services, director of Human Resources, Clinic director, faculty president and two members appointed to a two-year term by the standing members. Improvement issues may come to the QSC in a variety of ways, such as President’s Cabinet referrals and presentations during committee meetings. When appropriate, the committee will help secure resources necessary to measure, monitor and improve established quality initiatives.

When the Quality Steering Committee replaced the QIC Committee in 2009, one of its first

projects was a campus-wide survey evaluating the service provided by all administrative departments. The results, available on the Quality and Assessment portal, highlighted a number of departments in need of improvement. The committee requested improvement plans from the service departments identified in the University services survey as having deficiencies. Each of these departments has submitted an improvement plan. The Quality Steering Committee has been monitoring progress on those plans.

Inclusion of all constituencies in planning

Results of the 2010 DMyoU Engagement Survey showed that “although progress has been made, administration, faculty and staff express a need for improved communications” and a desire for more involvement in decisions that affect them. ModernThink consultant Richard Boyer suggested that communication could be improved by creating more interactive processes and holding cross-functional dialogues.

In response, senior leaders have been actively seeking a broader range of input. As discussed in the Introduction, after the 2007 Best Places to Work survey, consultant Michael Hovda began working with senior leaders to develop empathy-driven communications:

Develop an agenda for Cabinet meetings and write *Who else should be considered?* at the top of each agenda and *Who else needs to know?* at the bottom of each agenda (Best Places to Work Follow Up Project Summarized Report, p. 13).

When the 2010–2012 University Strategic Plan was developed, the process involved a broad cross-section of the University and aimed to give all DMU constituents an opportunity to provide

input. Electronic surveys were distributed to internal (faculty, staff, and students) and external (alumni) constituents; focus groups were conducted; past data—including satisfaction surveys and summaries of University financials, research environment and giving trends—were assembled and posted on the Strategic Planning portal.

In addition to annual student satisfaction surveys, the University is responsive to student initiatives and concerns. Both are discussed in more detail under Student Satisfaction Surveys and Response to Student Initiatives under Core Component 2a.

Senior leaders are developing a new appreciation of the value of asking *Who else should be considered?* Internal constituencies are now more willing to speak up when they feel their voices have not been heard. Students and staff have asked to participate in various planning committees, and those requests have been honored. For example, at the December 2010 Town Hall meeting, members of the Strategic Planning Team observed that staff members had offered a unique and valuable perspective during discussions of an external review of the Clinic and standards for employee conduct. The team now plans to provide more avenues for staff to participate in the strategic planning process. In addition, developing a staff organization is one of the tactics for the Engagement goal of the 2010–2011 DMyoU Action Plan.

RECOMMENDATION FOR CORE COMPONENT 1D:

Our governance and administrative structures promote effective leadership and support collaborative processes that enable us to fulfill our mission.

Trust in senior leadership, which has been an ongoing issue, is improving after our administration was restructured to include a provost and chief

information officer (CIO). In addition, President Franklin has realigned reporting relationships to correspond with administrative best practices.

We note these strengths:

- The University constantly evaluates itself through surveys and uses the data to create action plans to improve programs and processes.
- Our University community has more opportunity to engage in processes for selecting senior leaders.
- A more consistent and comprehensive evaluation process for senior leaders has been put in place.

We recommend that DMU continue current forums and explore new opportunities/processes for senior leaders to communicate and encourage campus-wide feedback in the decision-making process.

CORE COMPONENT 1E

We uphold and protect our integrity.

As Stephen Dingle noted during his tenure as interim president, “We’ve got the right ingredients for an exceptional University. But there’s more to the mix than just people, a plan, a mission and money.” Shared standards of ethical behavior make it possible to trust that others are acting for the best interest of all. Spelled out in policies and procedures, ethical standards “assure fairness, equity, and orderly conduct of our daily affairs.”

Compliance management

Des Moines University and its Board of Trustees exercise responsibility to the public by ensuring the organization operates legally and responsibly and by implementing clear and fair policies regarding the rights and responsibilities of each internal constituency.

The Board actively monitors the integrity of University activities through quarterly written and oral reports received from the president, provost, deans and senior administration to its standing committees:

- Academic Affairs
- Finance
- Institutional Development
- Student/Multicultural Affairs
- Fund Advisory

The chairpersons of these committees, along with their University counterparts, report at each meeting of the Trustees.

In addition, violations may be reported by employees. The home page of the Staff portal includes this statement:

The University encourages employees and students who have concerns about violation of University policies or violations of state and federal laws to report those concerns through the appropriate administrator.

Employees may also use the Compliance Hotline, described in the Accountability section, to report violations anonymously.

With respect to the Board of Trustees itself, the Nominating Committee is tasked with the orientation of all new Board members. During the orientation meeting, expectations of Trustees and the Conflict of Interest Policy are reviewed. A four-page questionnaire designed to identify any relationships, financial or otherwise, that the Trustee and the Trustee’s family or business or practice may have with the University is reviewed in detail. This form is completed annually by each Trustee and is reviewed by the Chairman of the Board.

In a case where information indicates non-compliance with applicable laws, University Counsel conducts an initial investigation with appropriate reporting to and consultation with the Executive Committee of the Board and the President’s Cabinet. This investigation may include an external review. After the investigation has been completed and appropriate actions have been taken, a full report is made to the Board of Trustees.

Accountability

Accountability was identified as a serious issue in feedback from the Best Places to Work surveys, the DMyoU Follow Up Project, and information gathering processes used in the 2010–2012 strategic planning process. The problem did not appear to be the integrity of

the policies; rather, the lack of consistency in the enforcement of existing policies was the greatest concern. The University has responded to this issue in SP Goal 1.0: to create a University culture of accountability.

To meet the accountability goal, we developed these tactics:

- Realign compliance officer duties, including policy review, compliance and fair application of policies.
- Review and communicate processes and procedures to ensure uniform adoption and adherence to policies.
- Create workload equity among faculty.
- Establish consistent employee appraisals that provide clear expectations, performance feedback and development opportunities.
- Develop an employee code of conduct.
- Revise the student Honor Code (now the Professional Integrity Code) and other student codes of conduct to ensure adherence, implementation, equitable enforcement and transparency.

The Board of Trustees approved the revised University Strategic Plan in May 2010, thus supporting this critical change in institutional policy oversight and management. This action formalizes the process for oversight and management of internal policies and external compliance.

Our Policy on Adoption of Policies outlines the process for annual policy review. Our University Counsel maintains a database of University policies and sends a reminder to the designated policy reviewer 60 days prior to the annual review date. If a question about the appropriateness or effectiveness of the policy is raised, the policy will be evaluated with the goal of enhancing the clarity, fairness and purpose of the policy. In early 2010, the University discovered an issue with the use of controlled substances for research purposes, which resulted in modifications to existing policies. This is reviewed in the Compliance with

Key Local, State, and Federal Laws and Regulations section.

The effectiveness of policies is evaluated each time a policy is activated for a specific circumstance. Fortunately, the vast majority of the time, the policy protects the integrity of the institution. An example of this process has been the recent application of the Research Misconduct Policy described in the Research Integrity section.

To further strengthen policies designed to protect the integrity of the University, a comprehensive Retaliation Against Whistleblowers Policy is in place to protect individuals who report potential infractions that may jeopardize the integrity and reputation of the institution. In addition, we have subscribed to Lighthouse, an external ethics hotline, which provides an anonymous reporting channel for employees who might fear retribution. Contact information for the hotline is posted on the home page of the Staff portal.

Financial integrity

The University has processes and procedures in place to uphold financial honesty and integrity. Annual external audits examine the financial records and processes of the University. The auditors report directly to the Finance Committee of the Board of Trustees and to the entire Board. This process includes an executive session between the auditors and Board Finance Committee to discuss any adjustments, internal control or financial management issues.

For the past three years, we have received unqualified opinions on our financial statements, reflecting the auditors' judgment that they give a true and fair view of our fiscal situation. There have been no findings related to the A-133 audit (federal funds) nor has the University received a management letter with recommendations to improve the organization. Following accounting best practices, three-year engagement letters are

considered for institutional audit services and the University distributes a request for proposals every six years. A firm may continue working with us beyond the six-year period, but a change in the partner in charge of the audit is required.

Expenses incurred by the Office of the President are reviewed annually by the auditors and also by the Board Treasurer, who then reports to the Finance Committee and Board of Trustees. All expenses and charges submitted by a Trustee for reimbursement must be detailed and are then reviewed for conformity with the Travel and Expense Reimbursement Policy by University Counsel before payment.

It is also the responsibility of the Board of Trustees to annually review IRS Form 990, which details compensation that Trustees may receive through employment or contracts with the University. IRS Form 990 also outlines the finances of the institution and its activities, including development and highest salaried employees. The basis of these relationships is fully disclosed. The Board of Trustees receives quarterly detailed financial statements that are prepared internally and the results of an annual independent audit.

Other controls are in place to protect the financial integrity of the institution:

- A contract policy that requires contract requests to be submitted to the vice president for Administrative Services to verify the contract has a full legal review and considers financial, physical and personnel resources
- Internal controls for developing or changing job descriptions for accounting employees
- Policies defining appropriate University expenditure (travel, meals, etc.)
- A Conflict of Interest Policy and a Conflict of Interest Disclosure Statement that all persons in governance and management positions with the University are required to complete and sign at the beginning of their service and annually thereafter

Compliance with key local, state, and federal laws and regulations

Policies that cover areas of significant legal obligation are reviewed for compliance with state and federal law. Standards of Ethical Conduct are in place and all employees have been educated on these standards. An educational session is held for all new employees in an attempt to create a culture of compliance. All employees and students receive training on the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

When a policy violation is discovered, appropriate corrective action is taken. Policy violations might include research misconduct, violations of confidentiality and HIPAA by employees, failure to follow regulations for handling controlled substance, harassment or discrimination issues, violations of the Professional Integrity Code, or copyright infringement. An example is the way a violation of scheduled drugs policy was handled. When it was discovered that our Controlled Substance Registration (CSR) had been allowed to lapse and a quantity of morphine sulphate was missing, we reported the violations to the Iowa Board of Pharmacy. The case was settled in September 2010, and we have changed our procedures for keeping records, handling scheduled drugs, and supervising those who work with scheduled drugs as requested by the Board.

In addition, SP Tactic 3.1.3 calls for the external review of research team to consider whether we are using best practices in monitoring controlled substances. Because the leader of the external review team felt the team was not on campus long enough to assure compliance, the team recommended an external compliance review. After an internal review of all compliance committees and procedures, we strengthened oversight of compliance, as described in the External Review of Research section of the

Introduction. SNR Denton was hired in August 2011 to conduct an external review of compliance in the Office of Research and the Clinic.

Integrity of senior leaders

An interesting finding in the Best Places to Work survey administered from 2005–2009 is the response to questions designed to evaluate senior leadership, identified as the president, President’s Cabinet and Board of Trustees. The survey question addressing “trust in senior leaders” received a 59 percent favorable response in 2006. This result was considerably below the overall average of 77 percent for all organizations and the industry average of 72 percent. In 2009, the favorable response increased to 69 percent, an improvement, but still slightly below the overall and industry averages.

TRUST IN SENIOR LEADERS (FAVORABLE RATING)

	2006	2007	2008	2009
DMU	59%	63%	59%	69%
All	77%	77%	76%	70%
Industry	72%	NA	71%	71%

LEADERS DEMONSTRATE INTEGRITY (FAVORABLE RATING)

	2006	2007	2008	2009
DMU	59%	67%	62%	71%
All	66%	79%	78%	73%
Industry	76%	NA	74%	73%

Improvement was also seen with the “leaders demonstrate integrity” question over the course of the survey. The 2009 favorable response of 71 percent fell only slightly below the overall and industry averages of 73 percent.

Several key events had a significant influence on the decrease in favorable ratings in the 2008 survey and then more positive ratings in 2009. During the 2007–2008 academic year, the University administration initiated a faculty workload process that led to the development of a complex workload policy. This process resulted in conflict across the University, and ultimately the administration discontinued the initiative.

Recommendations in the 2007 Best Places to Work Follow-up Report released in the fall of 2007 appear to have contributed to the rebound seen in the 2009 survey. Those efforts included a focus on enhancing communication across the University, changes in the leadership and organizational structure of Information Technology Services (ITS) and the decision to hire a provost. These initiatives improved positive feelings toward senior leadership.

Research integrity

The University has an established policy for investigating and responding to instances of alleged scientific misconduct. The policy outlines a two-step process of inquiry and investigation. The Inquiry Committee is chaired by an appointed Officer for Research and Scholarly Activity Standards (ORS). The ORS and the standing Inquiry Committee are responsible for addressing the initial allegation and determining if a full investigation is warranted. The ORS has the authority to secure any and all materials and records pertinent to the inquiry and possible investigation. If a full investigation is warranted, a Presidential Investigation Committee is convened and charged with investigating the issue

and recommending appropriate sanction. The procedures of both the Inquiry and Investigation committees follow the rules and regulations of 42 CFR Parts 50 and 93 Public Health Service Policies on Research Misconduct. In the past ten years, investigations have been conducted twice. In September 2010, we implemented a new policy requiring training in responsible conduct of research for all faculty, employees, administrators, staff and students who engage in research.

External review findings on compliance

The team that conducted an external review of research in December 2010 found that “in the past year, DMU has identified and appropriately dealt with several challenges to the integrity of its research enterprise.” The reviewers concluded that “these problems have been resolved,” but recommended “that the institution evaluate the clarity and completeness of the policy environment, the nature and exercise of appropriate oversight and the development of both faculty and student researchers to ensure that consistent standards of research practice are employed both within the institution and in its collaborations at clinical sites.” SNR Denton conducted an external compliance audit in August 2011.

Animal Facility accreditation

During the Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) accreditation visit in October 2009, accreditation was deferred from February until May 2010 due to deficiencies in oversight by the Institutional Animal Care and Use Committee (IACUC). In response, Des Moines University pared down the IACUC from 19 members to 9; instituted mandatory animal welfare and IACUC training using the Collaborative Institutional Training Initiative (CITI) program; sent the Institutional Official, Chair, Research Administrator and Attending Veterinarian to national

animal welfare meetings; and redesigned the animal care facility. In addition, all DMU IACUC members attended the IACUC 101 cosponsored by DMU and PRIM&R. Ongoing training for IACUC members will be organized, and the vice president for Research is now charged with continuing to develop new policies and procedures to address the identified weaknesses. These actions allowed the AAALAC Council to reinstate Des Moines University to full accreditation status at the May 2010 meeting.

Academic integrity

Awarding of accreditation by the following external agencies validates the idea that DMU has academic integrity.

College of Podiatric Medicine and Surgery accreditation

The College of Podiatric Medicine and Surgery is accredited by the Council on Podiatric Medical Education (CPME). The last comprehensive visit was in October 2006. The college was found to be in compliance with all standards and requirements. Several recommendations made by the evaluators were approved by CPME. The college responded to all recommendations in the 2007

CPME Annual College Report. CPMS was given four years of accreditation, the maximum at that time. In 2009, CPME increased the maximum length of accreditation to eight years. The college was then notified that its accreditation was extended to April 2015, with the next comprehensive visit scheduled in Fall 2014.

College of Health Sciences accreditation

The Doctor of Physical Therapy program in the College of Health Sciences is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). In the spring of 2009, the Physical Therapy program received the maximum years of accreditation with the next self-study and on-site review scheduled for 2016.

The Physician Assistant program in the College of Health Sciences is accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). The most recent site visit was in 2009. The program received continued accreditation status for a six-year period. The approximate date for the next full review of the program by the ARC-PA will be September 2015.

The Master of Public Health program in the College of Health Sciences is accredited by the Council on Education for Public Health (CEPH). In 2005, site visitors noted the high quality of the M.P.H. curriculum. However, the program was placed on probation because of concerns about

high faculty:student ratios and faculty research and service. After the most recent site visit in 2008, the program was reaccredited for seven years, with an interim report submitted in 2010.

The Post-professional Doctor of Physical Therapy program is not accredited by an external accrediting agency. In spring of 2010, an external review of the program was conducted by Dr. Patricia Hageman, P.T., Ph.D., from the University of Nebraska Medical Center. She judged the program to be very strong, especially given the number of students interested in enrollment despite the projected decrease in demand over time.

The Master of Health Care Administration program is seeking accreditation from the Commission on Accreditation of Health Care Management Education (CAHME), as shown on the CAHME Accreditation Timeline.

College of Osteopathic Medicine accreditation

The College of Osteopathic Medicine is accredited by the Commission on Osteopathic College Accreditation (COCA). After the most recent site visit in October 2007, the program's accreditation was extended for seven years, the maximum amount that could be awarded. Several requirements and recommendations were made, including revision of the mission statement to include research, developing a transfer credit and waiver policy consistent with COCA standards, and

CAHME ACCREDITATION TIMELINE

Spring 2011	Summer–Fall 2011	Summer 2011–Summer 2012	Fall 2012	Fall 2012	Fall 2012–Spring 2013	Fall 2012–Spring 2014	Fall 2014	Spring 2015	Fall 2015
Approval to pursue accreditation	Announce program change	Continue building new curriculum	Launch new curriculum/host first residency	Demonstrate MHA meets eligibility requirements	Program invited to submit application for candidacy	Collect outcomes data on new curriculum	Submit self study	Site visit	Goal: Achieve accreditation

implementing osteopathic manual medicine instruction into the third- and fourth-year student experience. All COCA requirements were met as of April 27, 2008. The next full site visit will occur in late 2014.

In 2010–11, COM admitted four students over its COCA-approved class size. As required by COCA standards, focused site visits will verify that COM has adequate resources, facilities, and faculty to support the additional students until this class has graduated. The first focused visit occurred in October 2011. All standards in finance and facilities were met. However, COCA raised two concerns about adequacy of faculty to which DMU has until next March (or possibly next July) to respond. Documentation from the October visit is available in the Resource Room.

Accuracy of communications to the public

Des Moines University represents itself, its academic programs and Clinic accurately to the public in all its publications, online and in all internal and external communications.

In printed enrollment materials, the University provides detailed information on academic programs, curriculum and accreditation status. Additional information on courses, the academic calendar and policies is available in the academic catalog on the DMU website: <http://www.dmu.edu/catalog>.

The same information is available to the general public in print or online. In addition to enrollment publications, there is an archive of research publications and presentations; the University's annual report, including financial and scholarship information; news releases and event information; a list of the Board of Trustees; and other detailed information about the University.

In 2009, an internal survey was done to measure satisfaction with the University's service-oriented departments. The survey highlighted concerns over outdated information on the website. As a result, the Marketing & Communications department has begun the process of implementing a content management system that will give departments more responsibility and access for updating content.

To ensure consistency and quality of communications, Marketing & Communications adheres to branding and identity guidelines and carefully oversees the use of the University name and logo. All external news, information and collateral content (blog posts, videos and social media) are reviewed by this office before being distributed. In addition, the office has also implemented regular studies and research of external constituencies.

In 2004, a benchmark community perception study that surveyed the general public and health care leaders was completed by Selzer & Associates. The survey was repeated in 2007. Results of the survey are used to drive marketing messages.

In 2009, Marketing & Communications began working with Harvest Research in Des Moines to test messages on a biannual basis. The research acts as a valuable tool for gauging and responding to community perception of the University.

The department strives to maintain accurate representation and high quality in all its communication work, which has won numerous CASE District VI and AACOM awards for publications, graphic design and writing.

Below are examples of some of the primary communication vehicles, how they are developed and their purpose.

Annual report

Des Moines University's annual report to donors, alumni and friends of the University presents information about the operations of the University including operational updates, scholarship dollars awarded and financials. The annual

report is mailed to alumni as part of *DMU Magazine* and is available to the public on the Des Moines University website: <http://www.dmu.edu>.

Admissions publications

Des Moines University's official admissions publications include the catalog and the website, which has viewbooks for all nine programs. They outline DMU's degree programs and curriculum, admission policies, application details, technical standards, statement of nondiscrimination, definition of diversity and accreditation information. This information is available in both print and online versions.

Special effort is taken to ensure that the admissions publications accurately portray the University's programs and the student experience. Student focus groups specifically address the way in which all recruitment materials depict the University and how that depiction matches the students' experience.

Alumni website

Launched on February 14, 2010, the new and improved alumni site, <http://www.dmu.edu/alumni>, contains a more concise menu of options and focal points based on results from our Google® Analytics report. Most-visited pages include the calendar of events, class notes and event photos. Each is now easily accessible from the home page, and overall page views are up 9.5 percent from 2009. Visits to the alumni site average around 1,800 per month.

Newsletters

Each year Alumni Relations has made an effort to increase the number of accurate e-mail addresses we have obtained. According to Director Ronnette Vondrak, "To date, we have 5,449 deliverable e-mail addresses for alumni who receive the monthly alumni e-mail newsletter,

DMUpdate. Our emphasis is to analyze how many alumni are actually reading/clicking on the stories. Our primary goal is measuring and increasing the click rate, so we have done research on best subject lines to ensure that the newsletter is not regarded as spam. Additionally, we have mapped the success of each e-newsletter in relation to the time and day it was sent to determine the optimal time to reach our constituents and to increase the click rate.”

Other newsletters include a quarterly alumni mentor e-newsletter and a quarterly Global Health e-newsletter.

DMU catalog

The University catalog outlines all policies and procedures that ensure the integrity of the application process and also outlines admission policies, financial aid options, and rights and responsibilities of students. The catalog is developed every two years through a rigorous, collaborative process that involves all academic programs, and the Registrar’s, Financial Aid and Deans’ offices. The catalog is available on the DMU website.

DMU Magazine

DMU Magazine is published quarterly and highlights students, faculty, and alumni achievements and events. It strives to provide an up-to-date view of the University and is mailed to alumni and friends of the University, is available in hard copy and is posted on the DMU website. The magazine has won numerous AACOM (American Association of Colleges of Osteopathic Medicine) Excellence in Communications Awards (both editorial and overall) as well as many Admissions Marketing Report’s Admissions Advertising Awards.



The Spring 2011 issue introduced President Angela Franklin.

DMU website

The University’s primary source of news and event information of interest to the general public and the University community is <http://www.dmu.edu>. Our website includes our mission, vision and values statements; facts about tuition and programs; and information about our administration, Board of Trustees and accreditation process. The website also provides detailed information about faculty, including experience, credentials, research and publications; programs; curriculum; financial aid; and traditions such as the White Coat Ceremony. Visitors can search for information or explore links of special interest to prospective students, community members, alumni, Clinic patients and donors. Contact information is available on the home page, in the faculty and staff directory, and on the pages for departments and programs. Forms, such as a request for service or the body donor form, are also available on the site.

Standards of conduct

Des Moines University has established a student honor code, codes of conduct and grievance policies to maintain high academic and professional expectations across the University community. The University responds to events that compromise these standards in a timely and appropriate manner.

Professional Integrity Code

Des Moines University’s student government developed an Honor Code in the late 1990s that was revised and renamed in 2011. The new Professional Integrity Code is based on four key tenets: honesty, accountability, collaboration, and inclusiveness.

These standards of conduct are written into the student handbooks for each academic program. During orientations in June and August, students are required to sign a document indicating that they have read and understood the policies within the handbook—including the Professional Integrity Code. All clinical students sign the code during the White Coat Ceremony during their first term at DMU. When violations of the code occur or are suspected, the vice president of Student Services is notified and begins an investigation. If appropriate, notice of the violation(s) is then sent to the Student Promotion and Evaluation Committee (SPEC) to investigate and make a recommendation of action to the dean of the college. The dean then takes appropriate action.

Student Services distributes the Second-Year Student Satisfaction Survey to osteopathic and podiatric medical students at the completion of Year 2 and a Graduate Satisfaction Survey to all four clinical programs prior to graduation. Results of second-year surveys for the D.O. and D.P.M. class of 2009 raised concerns about the effectiveness of the Honor Code.

In addition, the information-gathering phase of the 2010–2012 strategic planning process

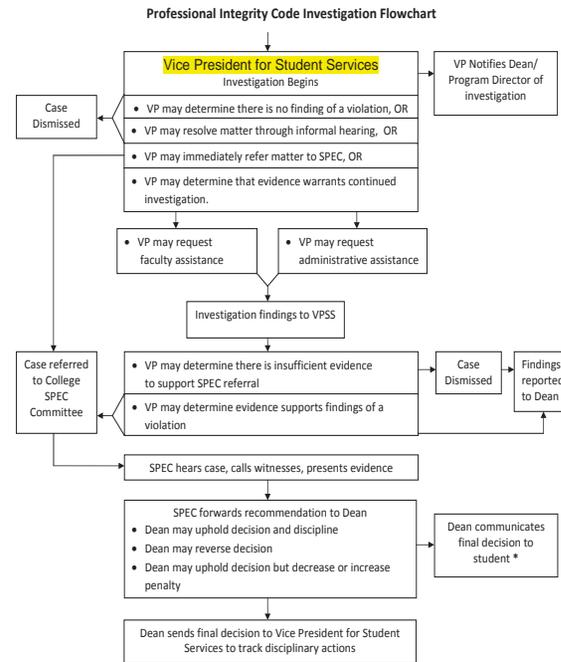
highlighted inconsistencies in the enforcement of the Honor Code. Possible causes included lack of familiarity with the reporting mechanism among students and faculty, inconsistent handling of infractions on a case-by-case and program-by-program basis, and confusion between the Honor Code and Code of Conduct violations.

While most on campus agreed with the spirit of the Honor Code, few would attest that it was well defined or led to a campus culture of honesty and integrity. Student Services initiated a review of the Honor Code with the assistance of the Faculty Student Committee on Professionalism.

The main objective was to review the principles set forth by the Council for Academic Integrity:

- Adopt clear academic integrity statements, policies, and procedures that are consistently implemented.
- Inform and educate the entire community regarding academic integrity policies and procedures.
- Promulgate and rigorously practice these policies and procedures from the top down, and provide support to those who faithfully follow and uphold them.
- Have a clear, accessible, and equitable system to adjudicate suspected violations of the policy.
- Develop programs to promote academic integrity among all segments of the campus community. These programs should go beyond the repudiation of academic dishonesty and include discussions about the importance of academic integrity and its connection to broader ethical issues and concerns.
- Be alert to trends in higher education and technology affecting academic integrity on campus.
- Regularly assess the effectiveness of policies and procedures and take steps to improve and rejuvenate them.

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*If the case involves students enrolled in different programs, the Deans of each College should meet prior to notifying the students involved to ensure that the discipline is consistent for the same infraction.

Revision of the Honor Code is tied to Objective 1.6 of the current strategic plan: To strengthen our focus on academic integrity as a critical component of student competence by reviewing and revising the Honor Code and other codes of conduct to ensure adherence, consistent implementation, equitable enforcement and transparency.

Data compiled from student and faculty focus groups and a University-wide survey were used as a baseline assessment of the current views and attitudes of the DMU community toward the Honor Code. The Faculty Student Committee on Professionalism developed the Professional Integrity Code in May 2011 and began working to develop acceptance and understanding of the new standards. A plan to educate students at four seminars throughout the year is being developed. The new code and information about

how violations are handled can be found in student handbooks for all programs. The committee is also evaluating the impact of technology on academic integrity.

Professionalism

In the current University strategic plan, two objectives under Goal 1.0 (Accountability) pertain to our codes of belief and expected behavior:

- Objective 1.5: To create an understanding of acceptable behavior by all DMU employees by developing and implementing an employee code of conduct.
- Objective 1.6: To strengthen our focus on academic integrity as a critical component of student competence by reviewing and revising the Honor Code and other codes of conduct to ensure adherence, consistent implementation, equitable enforcement and transparency.

Becky Lade, director of Human Resources, is spearheading the development of the employee code of conduct. She is working with a committee of faculty members representing each college and Research, three non-exempt employees, three exempt employees, and one Cabinet member to review model codes and create a draft. To allow more time to obtain feedback on the draft, the deadline was extended to January 2012.

A group of students raised concerns about the potential influence of pharmaceutical and biomedical device companies on medical education. In response, the University formed the Pharmaceutical and Biomedical Device Conflict of Interest Committee. The committee, comprised of students, faculty and staff, developed the Conflict of Interest Policy—Pharmaceutical and Industry Representatives. Implemented in Fall 2010, the policy was developed to manage all conflicts of interest, real and perceived, through effective self-regulation to maintain the appropriate relationship between medical education and corporate influence. The Faculty-Student Committee for Professionalism then proposed an interdisciplinary

program to educate students about the potential conflicts of interest related to relationships with the pharmaceutical and biomedical device industries.

Due to several instances of inappropriate use of social media, the University implemented the Professional Standards for Students Using Social Media Policy.

The University, through the vice president for Student Services, tracks reports of possible violations of the Professional Integrity Code, complaints under the Discrimination and Harassment Policy and student grievances. Student handbooks include the Student Grievance Policy and Sexual Harassment and Complaint Policy. The vice president for Student Services may request an investigation of any of such allegations. Investigations are typically conducted by the University Counsel. A written summary of the investigation and recommendations is provided to the vice president, who determines whether to refer the matter to an appropriate committee or department for action. The vice president maintains a log of such complaints and the resolution of each. Other complaints by students are handled on an ad hoc basis at the departmental or college level. A detailed description of the student complaint process can be found in the student handbooks.

Social media policy

In 2010, Marketing & Communications worked with Student Services and University Counsel to develop a series of social media guidelines for students. The resulting document, which became part of the DMU Student Handbook for the 2010–11 academic year, outlines the appropriate use of social networking sites for DMU-related activities and personal use.

The guidelines were developed to help students navigate sites like Facebook and Twitter in a professional manner and to uphold the University's branding guidelines and integrity online. Work is continuing on a similar set of guidelines for faculty and staff.

Grievance procedures

Des Moines University provides a process for employees to file complaints/concerns through our Discrimination and Harassment Policy. Since 2005, employees have formally used this process to file two claims. A sexual harassment allegation, filed in 2007, was resolved within one day of the complaint being filed. A racial discrimination claim, filed in 2009, was resolved within 30 days of the claim being filed.

Non-exempt employees covered by the bargaining unit have the ability to file grievances through a formal process as outlined in the union contract. Since 2005, one employee has used this formal process to file a claim. The claim was responded to and resolved at the first step within the three-working-day timeline.

The University maintains an open door policy and invites employees to discuss concerns they have with management. Because management has a very good working relationship with the union, the union president and stewards contact management when concerns arise, and we work together to resolve these concerns so that moving to the grievance stage is not necessary.

Due process for students has been reviewed, as called for by Strategic Plan Tactic 1.5.3. A Student Appeals Process allows students to appeal disciplinary decisions. A course grade appeals process was implemented in June 2011.

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**RECOMMENDATIONS FOR
CORE COMPONENT 1E:**

We uphold and protect our integrity.

DMU values integrity, as shown by our efforts to insure compliance with regulations and to ensure greater consistency in expectations and enforcement of professional standards. We note these strengths:

- We have a strong record of financial management.
- The academic integrity of programs accredited through external review has been confirmed by specialty accreditation agencies or an external review process in cases where specialty accreditation is not sought or available.
- We have revised the Honor Code (now known as the Professional Integrity Code) and reviewed ways to make its implementation more consistent and effective.

During the strategic planning process we learned that application of policies and procedures is sometimes perceived as inconsistent. As a result, creating a culture of accountability is a priority.

We recommend that these steps be taken to ensure greater consistency in applying policies and communicating our image to the public:

- Although infractions in the area of research, including the inappropriate handling of scheduled narcotic drugs, management of human subject data and deficiencies with accreditation of the animal facility, have been dealt with appropriately once discovered, we support the external research reviewers' recommendation that the University should commission an external audit of all research compliance policies, procedures, and oversight committees. (This review was conducted in August 2011 by SNR Denton.)
- Develop a grievance procedure for exempt staff as part of the employee code of conduct.

Although information is communicated in an accurate manner, the University should work to develop a higher profile in the community and ensure that its branding defines the institution and captures the essence of the mission on a consistent basis.

The next DMU multi-year strategic planning process: Focus on Mission, Vision, and Core Values

The Des Moines University Board of Trustees approved the 2010–2012 Strategic Plan in Spring 2010. Although operational in scope, this current plan has provided the campus with a road map that allows for a cohesive and well-integrated approach to addressing many pressing issues. Dr. Angela Franklin arrived as the new president in the spring of 2011, just one year after the implementation of the current plan. With a strong background in strategic planning and a firm commitment to preserve a culture of inclusive and engaged planning within the institution, she began meeting with the Strategic Planning Team to offer support, address outstanding issues, and prepare for the launch of the next multi-year strategic planning process. President Franklin later introduced a new planning model in a Town Hall meeting, open to the campus community.

In the summer of 2011, President Franklin engaged a new Strategic Planning Steering Committee, maintaining several members of the current committee and adding additional faculty and representation from the Alumni Association. Two members of the Board of Trustees were maintained on the new Steering Committee. The Board of Trustees, President’s Cabinet, and newly formed Strategic Planning Steering Committee began the first phase of the next multi-year strategic planning process at a retreat on July 23, 2011.

We are currently engaged in collaborative processes that involves small group discussions on *Why do we exist?* and *Where do we want to be in 5–10 years?*

The first phase began with a review of the current Mission and Vision statements during the retreat. Comments from small group discussions with members of the Board, Cabinet, and Strategic Planning Steering Committee members were captured and documented and used in follow-up conversations with the Strategic Planning Steering Committee in two subsequent meetings.

The collective wisdom from the group discussions has led to draft documents reflecting a recommended change in the institutional mission statement, which would address diversity more directly, along with a more comprehensive vision statement for the future. An accompanying exercise to review and assess the appropriateness of the current core values is also now occurring in meetings of the Steering Committee.

It is expected that recommended changes in the institutional mission statement and vision will be shared with the campus community and then presented at the December 2011 Board of Trustees meeting for their review and approval.

